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ABSTRACT

Three studies were undertaken to examine topics of care planning, personnel management, and quality assurance in long-term care facilities. The first study examined the formulation and implementation processes of care planning for nursing home residents. The exemplary homes' care planning included the existence of strong care planning leadership, explicit procedures to be followed by care delivery staff, and strong support by administration of the entire care planning procedure. The second study examined effective management procedures in the areas of management approach, staff composition, advertising and recruiting, hiring, personnel records, job analysis and job descriptions, salaries and merit pay plans, performance appraisal, training, staff morale and incentive plans, employee benefits, and terminations and layoffs in six nursing homes with exemplary management. The third study examined quality assurance in six exemplary nursing homes. All six quality assurance programs consisted of organized and reliable procedures to identify needs and problems in service delivery, to formulate corrective plans, to implement the plans, and to evaluate the extent to which the plans achieved the desired outcomes in service delivery. (ABL)

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CARE PLANNING, QUALITY ASSURANCE, AND PERSONNEL MANAGEMENT IN LONG-TERM CARE FACILITIES

FINAL REPORT

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FINAL REPORT

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1987

LONG TERM CARE RESEARCH AND DEMONSTRATION PROJECTS

FINAL REPORTS

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NEW HORIZONS IN LONG TERM CARE

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Funds for collaborative research in long term care were appropriated in the Department of Public Aid's budget in Fiscal Years 1986 and 1987 to find new ways to treat long term care patients in Illinois nursing homes. The $2.5 million appropriation over the two years enabled the State, academic institutions, and providers of long term care to pool their talents for the first time. In all, there were 17 projects funded in Fiscal Year 1986 and 14 projects funded in Fiscal Year 1987, the final year of the Long Term Care Research and Demonstrations projects. The attached document is the final report from one of the 1987 projects.

The Department of Public Aid expects the ideas generated by these projects to be put into reality. There are, in fact, training programs already being disseminated as a result of the research.

This report is one of a series of reports that comprise the long term care projects funded during 1987. Copies of the other reports are available from the Department of Public Aid by writing to Jo Ann Day, Ph.D., Long Term Care Research and Demonstration Project Director, Office for Employment and Social Services.

Sincerely,

Edward T. Duffy
enc.

ETD:JD:gt

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Arthur Home in Arthur, Leona Hughes, Administrator, Nancy Finley, DON and Shirley Stone, Assistant Administrator.

Burgess Square Healthcare Center in Westmont, Jacqueline Mason, Owner and Joanne Fisher, Administrator.

Christian Nursing Home in Lincoln, Timothy Searby, Administrator, Shirley Ebbersten, DON and John Peterson, Social Service Designee.

Fondulac Manor in Peoria, Marsha Reardon, Administrator and June Bishop, Social Service Designee.

Lake Bluff Healthcare Center in Lake Bluff, James Bowden, Administrator, Patricia Miller, DON and Pat Otteney, RN.

Macomb Nursing and Rehabilitation Center in Macomb, Marsha Mason,

Administrator and Harriet Juliusson, DON.

Maplelawn Home in Eureka, Clifford King, Administrator and Karen Bachman, Social Service Designee.

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Care Planning in Long-Term Care Facilities

ABSTRACT

The purpose of this study was to carefully examine the formulation and implementation processes of care planning for nursing home residents. Three Illinois nursing homes, noted for their excellence in care planning by the Illinois Department of Public Aid's Quality Incentive Program (QuIP), were selected as the project's research sites. The three exemplary homes identified by IDPA were Christian Home in Lincoln, Maplelawn Home in Eureka, and Macomb Nursing and Rehabilitation Center in Macomb.

The study included evaluations of care planning conferences, examination of how care planning decisions are made, as well as observation of leadership within care plan meetings, the involvement of residents and their relatives, the writing of progress notes and implementation of the care plans.

The fundamental outcome of the project is a comprehensive care planning manual which outlines pragmatic, step-by-step care planning guidelines and methods for quality care planning in nursing homes. In addition, a training module has been formulated for Illinois Department of Public Aid's Quality Incentive Program. Common characteristics which the research team believe strongly contribute to the excellence of the exemplary homes' care planning include the existence of strong care planning leadership, explicit procedures to be followed by care delivery staff, and strong support by administration of the entire care planning procedure.

INTRODUCTION

To provide quality care to residents, all nursing homes have a systematically developed and individualized care plan. In Illinois, nursing homes with excellent care plans are rewarded by the IDPA's Quality Incentive Program. The existence of excellent care planning will result in better delivery of care to residents, and a more orderly, productive work environment in which nursing home facility staff may operate.

How does care planning function within the long-term care setting? The acute and long term health care literature suggests that care planning provides a personalized, yet comprehensive framework in which health care delivery personnel may deliver health care to their clientele. Care planning functions as a cooperative effort among professional and non-professional staff in the institutional setting. To date, there exists a great amount of literature describing the benefits of care planning, but little description of how to adequately accomplish it.

A problem for most long-term care facilities has been to learn how to create and implement an effective care planning process in order to more adequately serve their residents. The purpose of this research is to clarify important care planning characteristics and to outline implementation areas that are unique to the long-term care facility. Specifically, the objectives of the project are:

1. To observe care planning procedures in exemplary long- term care facilities,

2. To identify care planning qualities that made these homes' care planning procedures exemplary, and

3. To disseminate care planning qualities that produce excellent care planning to other long-term care facilities through a "how to" manual, and training for IDPA investigative nurses.

The research design of this project includes examination of nursing and long-term care facility care planning literature, observation and examination of care planning processes and forms in three exemplary facilities, and formulating a "how to" manual for use by nursing home personnel.

LITERATURE REVIEW

The research team's individual examination of the literature and group discussion of its concepts provided a base for the team's development of a facility examination guide, including a plan for what to do during the visits to the facilities, a plan for what type of questions to ask the facility staff, and ideas of what to look for in the facility and during the care plan meeting. In addition, the team determined to carefully examine facility forms and documentation procedures as a result of the literature review process.

Care planning has emerged as an essential tool to be used in executing care delivery in all health care settings. The care planning reality in many long-term health care facilities, however, is that care teams often do not produce the health care delivery tool (the care plan) that they could (Greg and Kaplan, 1976). Care plans are sometimes seen as being produced by long-term care facilities only to provide "paper" compliance with government and corporate regulations (Hopping, 1976). Care plans and the care planning process can, however, actually function as a viable health delivery tool in the long-term care setting (Greg and Kaplan, 1976; Neil, Colen, Cooper and Reighley, 1985).

Nursing literature dealing with care planning, as used in the acute care setting of the hospital, is the knowledge base from which much of the long term care care planning theories and techniques are obtained. Examples of care plans and planning techniques can be found in the acute care literature (Gettrust, Ryan, and Engelman, 1985). Crucial planning process steps outlined in the acute care literature are of particular interest to the long-term care care planner. These steps are documented as being critical to the functioning of the care planning process and include assessment, diagnosis, planning, implementation, and evaluation (Alfaro, 1986; Hunt and Marks, 1986). Useful substeps of these steps include continuous data collection, documentation of care delivery, establishment of outcome criteria, evaluatiion of goal achievement criteria and others (Alfaro, 1986). Standardized evaluation criteria and use of standardized forms which give staff the information needed for delivery of appropriate care to residents are critical to providing efficient, effective service to the needs of both residents and staff (Falcone, 1979; Mayers, 1983). Leadership, too, is an important consideration in care planning - that is, a strong, goal oriented care planning leader is essential to the success of the care planning process (Hunt and Marks, 1986).

The steps of acute care planning (i.e., assessment, diagnosis, planning, implementation and evaluation, etc.) are crucial to care planning in the long-term care setting as well (Gray, 1979; O'Driscoll, 1976). The duration of care delivery, cost and payment factors unique to the nursing facility, however, alter the focus of the care planning activity, somewhat. In

addition, the individual environment presented by each home with its particular, and often very diverse resident and staff composition suggests an urgent need for individualized, customized care planning in each long term care facility (Touchstone, 1981). New types of care, related to technological advances which have lengthened resident life, call for new staff skills and approaches, yet professional education has not adequately addressed the special long-term care health needs of nursing home residents (Miller, 1977; The Supportive Care Plan, 1984).

The dependent nature of many long term care residents necessitates careful scrutiny of not only the resident's immediate health needs, but also delivery of services for treatment of chronic health problems, appropriateness of facility placement, discharge planning, goal setting and evaluation, psychosocial programming, staff responsibility for care delivery and other tasks by the professional long-term care planning team (Adams and Powell, 1984; Falcone, 1982; Gray and Aldred, 1980; Koff, 1981). Control over creation and implementation of the long term care planning process is achieved by establishment of care plan policy and procedures, training and retraining of facility staff in how to carry out care planning tasks, and utilization of standard forms, techniques and schedules during each step of the process (Folin, 1980; Hughes and Roller, 1986; Lowe, 1986; O'Laughlin, 1986; Patient Assessment, 1977; Sander, 1986; Vandenbosch, Bentley, Jones, and Blake, 1986; Ware, 1980).

The active inclusion of residents and residents' families in the care planning process is cited as a necessary component in care planning (Carpenter, 1976; Gubrium, 1980). The reported reality, however, is that in the instances when residents or residents' families are included in care planning, they are only peripherally involved in the actual care planning process (Gubrium, 1980).

The long term care planning process involves the input of all professionals in these facilities (Lowe, 1986; Rantz, Miller and Jacobs, 1985; Ware, 1985). It is the task of each nursing home professional, as well as non-professional staff such as maintenance staff, aides, and others, to work with other staff in the exploration of methods of having the residents maintain normal social relationships, and maintain optimal health (Carpenter, 1976; Gubrium, 1980). The care planning process provides the interaction opportunities for professionals (Greg and Kaplan, 1976; Gubrium, 1980). Care planning tools available for use by the care planning team members from different disciplines include model forms, computers, model care planning formats, and other ideas (Folin, 1980; Gray, 1979; Gubrium, 1980; Hughes, 1986; Massie, 1986; Mayers, 1983; McIntosh, 1981; O'Priscoll, 1976). Perhaps the most important tools for the interdisiplinary care plan team to use are scrupulous documentation of interactions and activities, and open, honest communications between interdisciplinary team members in order to keep the planning process continually ongoing and informative to all concerned (Ware, 1980.)

A critical failure in many long-term care care planning situations is the lack of strong leadership and structure for the care planning process (Grey and Kaplan, 1976; Lowe, 1986). Many facilities can not or will not place an emphasis on the care planning process and provide the leadership and structural support needed for fully functioning interdisciplinary care planning to occur.

RESEARCH DESIGN

Literature Review

The team's research on care planning in nursing homes began with a comprehensive literature review on the subject of care planning in general, and, care planning in long-term care facilities in particular. The contents of the books and articles located were considered by team members and discussed at length in team meetings. Discussions of the literature helped all team members become familiar with the care planning and long term care facility context. It also assisted with development of the group into a research team. From the synthesis of literature and discussion, the team was able to construct a research plan for the examination of care planning in the three exemplary care planning facilities suggested by Illinois Department of Public Aid (IDPA).

Research Site Selection

The team members consider it fortunate that IDPA supplied the team with the names of three cooperative, exemplary facilities to use for in depth study, rather than having to seek the facilities out on its own. This greatly simplified the research task, and has provided much more in depth findings than would have otherwise been possible to produce given time and financial constraints of the research project.

Facility Visits

Each facility targeted for investigation of the care planning process was examined by the research team using field study methodology as a method of exploring the data in each facility visited. Four to five members of the research team visited each home. During the visit, team members took extensive notes on dialogue and observations.

The team was taken on a tour of the facility in each of the research sites. The purpose of the tour was to acquire a feeling for the context in which the care planning process operated in that facility. Certain characteristics were looked for during the tour including the following:

- -facility history
- -facility ambiance
- -service orientation
- -agency profile information

After the facility tour, the team met with the care plan coordinators to discuss the care planning process, including the following topics:

-What kind of information does the facility have about the resident prior to admission and how do they go about getting it?
-What kinds of information do you collect at admission, how and who collects it?
-What is done to get ready for the care plan meeting?
-What happens at the care plan meeting?
-How is the care plan translated into actual care for the resident?
-What occurs in the area of evaluation for care plans?
-How are residents and family members involved in care for the resident?

During an actual care plan meeting, the team utilized its attendance to observe the following areas:

-group process.
-leadership style.
-task orientation of the participants.
-communication and leadership patterns.
-organization of the meeting.
-degree of preparation for the meeting.
-previous resident goal achievement evaluation process.
-resident problem defining process.
-resident goal setting process.
-construction of resident approach process.
-interdisciplinary interaction of the team.

After the care plan meeting, the research staff questioned care plan team members on their perceptions about care plans and the care planning process.

During the interview and care plan meeting, forms used for care planning were examined by the research team, and their use was explained by facility staff. Blank copies were collected by the research team for use in its care plan evaluation process. In addition, copies of care plan and documentation forms (with names of residents blacked out in order to maintain their privacy) were collected in order to study writing styles and documentation techniques.

Follow Up Discussion.

Immediately following the facility visits, the care plan team met privately to discuss their observations about the care planning process in each facility. This meeting was recorded and transcribed for later study by the team members. These meetings were important as a means of collecting a complete, interactive impression of the process while it was fresh in the minds of the observers.

Write-Up Of Final Reports On The Visits

After the visits were finished, each research team member wrote up a descriptive summary of the facility visit outlining and detailing his or her feelings and observations made during the visit. A facility profile was also completed using data collected from a form provided to the facility administration during the visit, and from followup phone calls made after the visit was completed.

The data collected by the research team during the literature review, and during the facility visits was assembled and put into the form of a "how to" manual for use by nursing facilities in their efforts to improve the care planning process in their individual facilities around the state of Illinois.

This final report of the research project has also been completed as a summary of the research project.

Training Module

In addition to the research reports, a training program for the use of IDPA's QuIP personnel has been developed based on the data collected in this research project, and will be implemented during a training workshop delivered to staff of the IDPA's Quality Incentive Program (QuIP) program.

The training module includes the production and presentation of slides which outline the key dimensions of the care planning process. It demonstrates how actual facility staff can implement the concepts and steps presented by the research. Its emphasis is on a wholistic approach to long term care delivery in general, not on only one discipline's care delivery process.

FINDINGS

The research on care planning in exemplary Illinois nursing homes has produced several findings that are important to facilities that are seeking to improve resident care delivery through the care planning process.

Administrative Support

Perhaps the most important finding of this research is that administrative support of the care planning process is essential to ensuring the success of care planning as a concept and a care delivery tool. Administrative support occurs in ways unique to the needs and characteristics of each facility. Each facility has invested significant training time in each staff member involved with the care planning process. Another demonstration of administrative support was displayed by each of the examined facilities that provided sufficient time for care planning activities. This was done directly by including care planning in the job descriptions of staff, and indirectly by providing sufficient additional staff to allow the care planning staff time to fulfil their functions. For instance, in one of the facilities, one aide was hired to do all resident bathing. This freed up the regular aides to attend to care plan related tasks with the residents.

In addition, administration provides care planning support by encouraging and expecting the development of forms and protocols for care planning use. All of the homes had facility-developed forms and protocols. One facility's administration had invested in a computerized care planning system.

Administration, too, may exhibit its flexibility of support by arranging for scheduling changes such as overlapping of night and morning shifts to allow staff to more efficiently take care of routine duties such as getting residents up, providing sponge baths, and making beds. This practice, carried out at one of the facilities, allows the aides more time to deliver therapeutic, goal related care, pass water, do nail care, and do charting after residents have eaten their breakfast.

Care Plan Leadership

The existence of a recognized, designated care plan coordinator as leader of the care planning process is also apparent as a requisite to care planning success. Each home had a clearly defined care plan coordinator who actually led the care plan meeting. The leadership style of the care plan coordinator does not appear from the study to be as crucial as the existence of actual leadership from the care plan coordinator in the process. Two of the homes examined displayed examples of what the research team has named "singular" leadership. At these facilities, singular leadership as a style suggests that the leader maintains great authority over the actions of the care plan

team members, and tends to dictate tasks and responsibilities to the team members.

"Shared" leadership was the pattern at the other facility. This style suggests a leader who takes ultimate responsibility for the outcome of the care planning process, but has other care plan team members carry out pre-meeting preparatory activities, and administrative functions during the meeting.

Cooperation

A clear common theme in each of the investigated homes was a willingness among all staff members to cooperate with one another in order to fulfil the ultimate task of providing excellent health care to the residents in the facility.

Creativity

Each of these facilities exhibited creativity in their approaches to care planning. They had staff in leadership positions who were willing to try new and different methods for improving care (such as the overlapping of shifts, or the creation of facility-specific forms for staff to use for documentation). Support staff, too, were willing to contribute ideas, and to cooperate with the ideas of others.

Consistency

Consistency at every stage of the care planning process is a crucial ingredient of care planning success. The homes with excellent care planning had regularly scheduled meetings throughout the week for the care plan team members to attend. Agenda procedures for the meetings were standardized. The meetings were held at the same time each day. The team considered only a certain number of residents per meeting.

The homes exhibited consistency in their procedures for assessment, planning, meeting as a care plan team to form the care plan, and implementing the care plan. There was nothing to distract staff from carrying out the tasks as planned.

In addition to consistency during the care plan meeting, these homes exhibited consistency in their documentation - on care plans, on charting, and other forms. Two of the facilities had a daily charting policy and form for nurse's aides to use in documentation of certain routine care tasks, and additional care plan related tasks. Aides in these facilities delivered and documented their care delivery tasks.

Philosophy

Each of the homes exhibited a philosophy, dedication, and positive attitude about care planning through word and action of actually delivering quality care to the residents. Two of the facilities were religiously oriented and both of these credited

the overriding religious mission and the common values of service as the basis of their philosophy. The other facility had no religious affiliation, but also exhibited the same care delivery consciousness.

Resident and Facility Maintenance goals

Two of the homes can be noted for their display of procedure for ensuring functional maintenance goals for resident and facility. At one facility, for example, an absence of facility odors and low incidence of skin breakdown was attributed to "soap and water" which facility workers applied regularly to both the residents and the residents' surroundings. The facility had a functioning plan for continuous cleanliness, and provided staff with the resources necessary to ensure success of the plan.

Small, Measurable Goals

Each of the homes conceptualized care delivery tasks in small, incremental steps. Attention was given to progress goals as well as maintenance goals in the care plan meeting. The staff was careful to "tune" the difficulty of the goal to the unique ability of the resident and the ability of the staff to assist the resident.

Clear Responsibility for Tasks

In each exemplary facility, responsibility for care planning tasks were clearly spelled out - in some cases to the level of specifying which aide would carry out the care planning task.

Openness to Family/Resident Involvement

Certainly one of the most pleasant findings of this study was the openness of each of the three facilities to have the resident and family member involved in the care planning and delivery process. Two of the facilities had residents in attendance at their care planning conference. The other facility did not have residents in attendancee at the meeting the team observed, however the staff at that particular facility mails invitations to family members who express an interest in keeping up with the progress of their loved one.

CONCLUSIONS

This research has resulted in the discovery and substantiation of some significant knowledge about the care planning process in nursing homes, and most important, the "demystification" of the nursing home care planning process. Certainly among the most critical information is the knowledge that care planning can, indeed, contribute positively to the provision of care to residents in nursing homes. The care planning process must be supported by facility administration in order to succeed. The improvement in care delivery through care planning occurs by means of systematically implemented, step-by-step care planning which harmoniously brings together the resources of personnel in each department in the facility to share data, develop a care plan, and implement the plan.

No specific format or regimen that care planning must follow has emerged from the research, rather, the process must be "customized" to fit the needs of each facility and each facility's resident and staff population. When care planning is well planned and implemented, it is operational as a tool for improving the delivery of care to nursing home residents.

PERSONNEL MANAGEMENT IN LONG-TERM CARE FACILITIES

ABSTRACT

The purpose of this project was to study and identify management practices of long-term care facilities in Illinois which have been recognized as exemplary by IDPA. Resources of the School of Social Work at the University of Illinois, Urbana-Champaign were utilized. Three major issues were addressed for management of nursing homes: recruitment of new workers, training of staff, and retainment of the workforce.

Field study methodologies included tours of the facilities, observations, and interviews with facility staff. Data was collected in the following management areas: management philosophy, recruitment and advertising for new employees, hiring practices, personnel records, job analysis, job descriptions, salary and merit pay systems, performance appraisals, training and development programs, staff morale, incentive plans, benefits, termination issues, and layoff procedures. The data from these six homes were analyzed to examine similarities and differences in the management issues. Effective practices were documented.

INTRODUCTION

For the residents of the state's 957 nursing homes, management practices exert a considerable influence on quality of life. Management sets the standards for care in the entire home. The decision-making skills of Administrators, DONs, and Department Directors directly affect residents through the actions of motivated staff. It is imperative that management techniques are skillfully utilized given the effects they have on the quality of resident
care.

One of the main blocks to improving the quality of resident care is the high turnover of staff in nursing homes. Literature cites turnover rates in nursing homes from 30% to an excess of 100% per year. This turnover creates a workforce which is largely in the process of training or recruiting. Given the severity of the frequent turnover, management must seek ways to retain staff members and enhance the stability of staff composition. It is expected that quality of resident care will improve with a more stable workforce.

The purpose of this research project was to identify effective management practices in Illinois long-term care facilities which were recognized as exemplary by IDPA. In particular, the objectives for the project were to:

1. Utilize field study methodologies to observe the outstanding management practices at exemplary facilities,

2. Document these management practices, and

3. Disseminate the information to other nursing homes in the state

The facilities which participated in this study were Americana Health Care Center of Urbana, Apostolic Home for the Handicapped in Morton, Arthur Nursing Home in Arthur, Fondulac Manor in Peoria, Lake Bluff Healthcare Center in Lake Bluff, and Burgess Square Healthcare Center in Westmont. Management data were collected at these sites.

LITERATURE REVIEW

Employee Incentives

Employee incentives seek to offer rewards to workers for exhibiting certain behaviors. Programs are creatively developed to achieve three basic results: reduce staff turnover, lower the absenteeism rate, and improve the quality of care. Cash bonuses were generally offered to employees as incentive. Each of the following articles claims to achieve any of these results but lack the statistics to support the claim.

Alexander (1985) implemented a three part program in an effort to address staffing problems. The three part program included an hourly compensation to employees who work on an understaffed shift, a paid day off for perfect attendance over a three month time period, and changes in personnel policies. Alexander reports financial savings and increased participation by the workers in the company.

Bainum (1985) instituted a bonus program which focused on two aspects of the worker's life. Bonuses were offered to workers for making improvements in physical fitness, and continuing education. Increased quality was evident from resident and guest feedback. Facility revenues also increased. Physical improvements increased worker self-esteem and motivation. A similar finding was reported by Christopher and Menunier (1986). The amount of money saved exceeded the cost of the program. Savings were accrued through lowered turnover, reduced absenteeism, and diminished tardiness.

Hiring

A high staff turnover necessitates a recruitment process which screens for competent employees. Careful, systematic hiring procedures can reduce the rate of turnover. Information in this area is scarce. Henson and Garrett (1986) recommend an executive recruiter to screen prospective employees. Use of a professional personnel staff member promotes a facility's commitment to avert the deleterious affects of turnover.

Wagnild and Manning (1986) look at the characteristics of staff who leave and those that stay. From 119 nurse's aides at eleven randomly selected facilities in Texas, they found that shorter tenured aides were more likely to have the personal experience caring for elderly in their own homes, previous nursing home experience, higher educational background, higher career ambition, single, and under 28 years of age. Longer tenured aides were more likely to have tenure in their previous jobs, worked in fewer nursing homes than shorter tenured aides, over 28 years of age, and family ties. Salary did not appear to be a factor.

Management Approach

Effective operations of any facility depends upon a management style which complements the overall mission of the organization as well as meeting the needs of its residents and their families. Quality of resident care must be provided in a cost-effective method. The management of nursing homes must address how quality care can be provided to residents by a satisfied group of staff members who have confidence in the management. This confidence in the management must also be shared by the resident's family. Voluminous information in management literature has dealt with various issues such as cost-effectiveness, consumer satisfaction, and optimizing staff productivity, but these issues are rarely addressed in applications to management in long term care.

The influence of management on a facility's operations is summarized by Jefferies (1986) when she wrote that "culture is created by top management." She also states that the effectiveness of the facility and the achievement Skills are identified in three areas: business, interpersonal relations, and technical skills.

Two authors who build on the technical skills aspect are Lancaster and Lancaster who in 1982 developed a decision-making model which is rational and systematic. They detail the model as: identify the problem; gather and process information; evaluate alternatives; select an alternative; and implement a final choice. They concede that a clear-cut choice rarely exists and that the quality of decisions has a major impact on administrative effectiveness.

Reagan (1986) addresses the technical aspects of managing nurse's aides by outlining a series of management approaches which enhance the hiring, retention and productivity of nurse's aides. These include recruiting the older worker with a stable work history, assuring that prospective employees enjoy older people and like caring for the sick, setting clear and reasonable goals for aides, setting policies that encourage hard work, maintaining a positive tone facility-wide, establishing formal appraisal procedures to assess team and individual performance, and using prepackaged training materials for pre-service and in-service training.

The role of the administrator is discussed by Stryker in a 1982 article. Administrators are the logical choice to take leadership in demanding new standards of care that are not presently met. The administrator has the singular capability to influence the entire staff.

Performance Appraisal

Performance appraisal is an evaluation of an employee's work. The appraisal compares what and how the employee performs with what is expected. It highlights the standards and factors against which the employee's performance can be further evaluated. The manner in which performance appraisal is conducted is crucial to the successful achievement of the purpose for evaluation; improvement of the worker's job performance. The literature lacks the specific, "how to" conduct the appraisal meeting with the employee.

Most of the literature concerns the enhanced communication between management and staff which the appraisal affords. Hammond (1986) openly states "the value of evaluations are in their communications to staff." Objectivity, consistency, and recall are essential to the evaluations. Schlossberg discusses the enhanced communication resulting from self-appraisal in a 1981 article. Findings from a self-appraisal program include positive reactions from staff and an increase in two-way communication between supervisors and staff concerning job performance and planning for improvement.

Smith and Elbert (1979) discuss the importance of employee evaluations to provide employee feedback and achieve effective performance for the organization as a whole. Department and organizational performances are directly affected by the individual employee-supervisor appraisal method. The authors review four basic types of evaluations: trait ratings, global perceptions, behaviorally-anchored rating scales, and objectives-oriented measures. In Lawler's 1984 article, managers can reduce the anxiety resulting from performance evaluations. Anxiety could be reduced by conducting continuous evaluations rather than spacing evaluations over six-month or yearly intervals. Visible managers command more respect and confidence from their workers.

Training and Development

The purpose of staff training and development is to ensure quality care of residents. Staff training is concerned with staff learning what is expected and acquiring skills needed to meet the expectations. Staff development is concerned with staff's emotional, professional and career development. Generally, staff training and development are a part of a systematic program for nurse's aides. In training and development, the literature addresses the value and reasons for these programs and also outlines methods and techniques to implement these programs.

Nursing home literature is full of articles encouraging staff training as a key in developing quality services and retaining staff. One study developed and implemented a training program which reduced turnover form 60% to 20% by stressing a high degree

of participation by trainees during adult learning models, role playing, discussions, and audiovisuals. (Alford, 1986). Tynan (1984) documents a 50% reduction in staff turnover through the implementation of a program which includes orientation to the facility, role playing of sensory and motor deprivation situations, and nurses' skill training.

Other articles address the importance of assessment of learning needs in the context of the overall training process. Elbert and Smith (1982) discuss a model for systematically assessing training needs in long term care facilities. The model encourages the initial assessment of organizational goals and proceeds to discuss the following issues in the model: developing measurable organizational effectiveness, developing specific action plans measuring organizational effectiveness, and training limitations. Hinkley (1986) stressed the ongoing nature of assessment and the importance of support after the training is offered. The author believes that training is effective only to the degree that the new behaviors are expected, required, monitored and rewarded back on the job.

RESEARCH DESIGN

An extensive literature search was conducted by the research team to gain a better understanding of the relevant issues. The literature search utilized the resources of the University of Illinois libraries and the state-wide referral network to build a collection of journal articles and book abstracts concerning management in nursing homes.

From the visits to the exemplary facilities, the management information was gathered using field study methodologies. Interviews with selected staff members, collection of printed policies/procedures information, and general observations from a facility tour provided the research team with a wealth of information. Research staff visited each home. Follow-up visits were made as needed. For all the facilities, follow-up telephone inquiries were made to gather additional information.

The on-site observations began with a guided tour of the facility. The tour provided the research team with a chance to get an overall feel of the home's ambience and to become acquainted with the physical surroundings. Observations were often discussed in greater detail during the interviews.

Interviews between the facility staff and the research team accounted for the remainder of the visit. Generally, two researchers interviewed a staff member, usually an administrator, DON, or other department director. In-depth interviews were conducted. During the extensive discussions and dialogue, a rapport was developed and questions were posed concerning management issues.

Semi-structured interviews were basically conducted through the use of two questionnaires: an agency profile and a management questionnaire. Both questionnaires were developed by the research team. The content of the questionnaires was developed by drawing upon the issues presented in the literature, reflections of the team members' nursing home experience, and careful consideration of the project's goals and corresponding data/information needs.

The questionnaires were largely composed of open-ended questions. The data collected from the use of these questionnaires were qualitative as opposed to quantitative. Respondents were given the freedom to answer the questions in their own way in order to offer information about the facility's unique features.

The agency profile provided data concerning overall facility facts. The administrator was interviewed by research staff to gather the information for the agency profile. The profile focused on: history and geographic information on the facility, level of care, cost, and number of beds, number and type of staff, wages, benefits, procedures for waiting list, benefits, performance evaluations and procedures of employee grievances.

To gather information researchers interviewed the administrator and DON, and other management staff including the ADON, Activity Director, Assistant Administrator, Social Service Designee, Dietary Director, Charge Nurse, Office Clerk, and Medical Records Secretary. Personnel were chosen for interviews based upon their important role in the management and administration of the facility. A management questionnaire focused on advertising methods, recruitment, hiring practices, orientation methods, job descriptions, performance criteria, supervision, continued training, and staff morale.

FINDINGS

Management Approach

The administration sets the tone of the facility by role modeling, through the use of words and with actions. Most of the administrators claimed to know every resident and employee in the facility by first name. The administrators and directors were directly involved in the daily operations, of the facility. For example, one administrator helps pass food trays to the residents every day, demonstrating active participation with staff and residents.

Most of the administrators conducted house rounds to inspect for quality care and problem areas. Compliments, as well as instructions for improvement, are made to the responsible employee. Daily feedback from these rounds ensured that expectations were clear and fair for all staff. From a direct provider's point of view, management is known to be aware and concerned about the daily care provided to the residents.

All of the homes stated that an organizational hierarchy provides a structure for supervision and responsibility. The administrator clearly asserted the power of the final decision-maker. However, the administrators of these homes also stated that department autonomy is respected. The daily operations of the department is left to the department director's supervision while the administrator only becomes involved when a problem is identified.

Staff Composition

Staff characteristics reflected the area employment pool, the management philosophy, and the needs of the home. Staff characteristics of the six homes varied greatly in terms of composition. For example, staff at two facilities were composed of a high proportion of part time employees because the mornings and nights were busy times for the home due to residents leaving the facility during the day. Employees were predominately full time at two other facilities where the residents were in the facility for the entire day.

One facility employed an all Hispanic housekeeping staff. Age also was at great variance between the facilities; at two homes the aides were predominately divorced females and middle-aged. Two other homes employed many high school students. Few if any male employees were found at the aide level.

Advertising and Recruiting

The home's approach to recruiting staff impact on the overall personnel costs by reducing the likelihood of turnover and retraining. Careful recruiting methods insure that the prospective employee meets the needs of the home and can effectively relate to other staff.

Common practices were used by the homes to advertise and recruit for new employees. announcements for employment were posted internally at the facility. Word of mouth was relied upon to recruit new workers. Administration felt that current employees would refer prospective candidates who could work well and perform the tasks adequately. Several homes offered monetary incentives, "finders fee" for a successful referral to a current staff member.

Newspaper advertisements were significant in recruiting new employees. For aide level positions, advertisements were placed in local or community newspapers for the position. Specialized positions such as Directors, RNs, or LPNs were announced in larger area newspapers such as the Chicago Tribune. Innovations in recruitment of new workers included contacting high school work programs and soliciting referrals from community college CNA courses.

Job advertisements or announcements included the position title, number of hours/day and the days worked, general responsibilities of the position, qualifications, wages and benefits, how to apply, how to contact the home, and a statement of Equal Employment Opportunity.

Hiring

Nursing homes are plagued by high staff turnover. Adequate screening and well-conducted interviews identify employees who meet the needs of the home and others who may present problems. Careful hiring procedures can reduce the rate of turnover. The hiring process consists of the following steps: distributing and receiving applications, conducting an initial screening of applicants, interviewing screened applicants, describing the job and responsibilities, evaluating applicant interviews, checking references on promising applicants, interviewing a second time, and making the final selection.

During the interviewing process for aides, the administrators allowed their department directors to select the candidates and decide who to hire. Interviews were usually facilitated by the director. There was only one home where the administrator took most of the responsibility for interviewing candidates for aide level positions. Another home screens applicants during the initial interview by showing a film which realistically portrays the duties of a nurse's aide.

For hiring directors, the administrators did the interviewing and decision-making. Several homes stated that 2-4 candidates must be interviewed before any decision can be reached. Candidates for positions at corporate homes interviewed with the administrator and the regional supervisor. In-house promotions were stressed to provide incentives for current workers to excel and provide a career ladder.

Questions asked during the job interview tended to be specific. The candidate is often asked about their feelings about previous places of employment. One home goes a step further by asking what their previous place of employment would say about them. Questions also attempt to identify areas that would impede the candidates ability to perform the job, e.g., "Can you arrange for a baby sitter?" or "Do you have transportation?" Specific questions included "What was the length of notice you gave your previous employer?"

References for the applicant were checked either by phone or by writing. At times reference checks in writing were returned until after the hiring decision had been made. Telephone contacts were sometimes made but candid responses were rare. Only one home stated that it seldom made external reference checks, because applicants were usually known by someone on staff.

A standard reference form contains the following elements: signed by the employee to give permission to release all information related to previous employment, includes a self-addressed, stamped return envelope, a checklist for the previous employer to mark responses, and a statement of confidentiality.

Personnel Records

Personnel records are a written collection of employee information and work history with the home. These records serve as a convenient reference for management and as a source of documentation. Basic information on employees which is contained in personnel files include yearly health exam forms, orientation checklist, resident rights statement, application for employment, employee evaluation form, copy of W-4 tax form, emergency information sheet , responsibility of employees in fore situations, job description, copy of social security card, and reference check form. Any information in the personnel records was kept confidential by keeping the files locked, limiting the access to the files, and assigning a responsible person to control the records.

Job Analysis and Job Descriptions

A job description is a written document outlining the general duties, responsibilities, and reporting requirements for each position within the home. Job descriptions are developed through process of job analysis. A job analysis is a detailed assessment of what each job involves. Job descriptions were given to the applicant during the interview and also during orientation. Only one home had recently revised the job descriptions to reflect the actual duties. Many positions in the homes were in need of a job analysis which assesses what each job involves.

Salaries and Merit Pay Plans

A strong salary and merit pay system motivates employees to excel. To be effective, salaries must be competitive within the local community. For proprietary homes salaries and merit pay plans were developed which recognized the hierarchy of job duties and provided incentives for job excellence. Homes with unionized staff found negotiations to be lengthy and not always productive. Nurse's aides who had seniority and performed their job in a superior way earned nearly the same wage as LPNs at the homes which had implemented merit pay systems

Performance Appraisal

Performance appraisal is an evaluation of an employee's work. Conducted in an interview between the supervisor and employee, the appraisal compares what and how the employee performs with what is expected. It highlights the standards and factors against which the employee's performance can be further evaluated. An effective performance appraisal included regularly scheduled interviews between the supervisor and the employee, specific statements about how, what, and when employees are expected to perform tasks, development of goals for the employee during the next evaluation period, assessments of the quality of the work, and employee feedback about working conditions.

Training

The purpose of staff training and development is to ensure quality care for residents. Staff training is concerned with staff learning what is expected and acquiring skills needed to meet the expectations. Orientation programs for nurse's aides varied greatly across the facilities. Generally the orientation consisted of a mix of classroom activities and on the floor training. Several homes offered orientation for one week (several days in the classroom and several days on the floor.) An evaluation is made at the end of the orientation to determine the need for further training. One home offered a 90 day introduction period. Progression through the training program was based on the mastery approach. Aides are trained to one station at a time and transfer to another station only after mastery of the skills at that station.

Staff Morale and Incentive Plans

In a long-term care facility, good staff morale is essential to maintaining a staff who are willing to be productive, committed to quality, and able to handle issues within the daily work activities. Morale is directly related to staff retention, turnover, and daily work attendance. The behavior of management and supervisory personnel in a home is a primary determinant of the morale. Maintaining good staff morale was a concern of administrators and directors of the homes. Two ways to recognize staff and boost morale were found. They are interpersonal recognition and organizational incentives.

Interpersonal recognition which occurs between the management and the employee includes greeting the staff member by name while making rounds, commenting on personal attire, or discussing the employees future in a yearly meeting. Organizational incentives include furnishing an employee lounge with special equipment, offering interest-free loans, offering tuition reimbursements for continuing education, and having staff parties at holiday times or annual events such as a summer picnic.

Employee Benefits

A comprehensive benefit package serves the particular needs of staff as well as the needs and resources of the home. Employee benefits were found to be categorized in the following areas: insurance, such as health, dental, life, or disability; service options, such as free meals, credit union, child care provisions; and longevity, such as sick leave, vacations, and continuing education. Eligibility for these benefit programs depended on the employees length of time with the home, number of hours worked per week, and employee status such as part-time or full-time.

Terminations and Layoffs

Theoretically, staffing is reduced when the house census drops over a long period of time. Only one home reported having laid-off an employee for this reason.

Employees can terminate employment voluntarily or involuntarily. Voluntary terminations are the result of finding other employment ,moving, illness, or pursuing other goals. Involuntary terminations result from unacceptable behavior or violations of nursing home policies and procedures.

The steps of termination policies were found to be: define the problem or unacceptable behavior, identify the seriousness of the problem behavior, establish conditions for termination, document in writing all incidents, meetings, and employee involvement with signatures, and place copies in the employees personnel file. Documentation of infractions were especially critical for homes with unionized staff.

CONCLUSIONS

The homes in this study were identified as exemplary long-term care facilities by IDPA because of their outstanding management practices. This research project identified the effective practices of these homes and documented the findings concerning recruitment, training, and retaining staff. These findings should be useful for other homes in the state as they seek to develop management systems which create high quality care in a cost effective manner.

Although six homes is a limited sample size, many of the practices identified should be considered at other homes. These findings reflect the best management techniques, approaches, and philosophies in the state and can be creatively adapted by other homes to recruit, hire, train, and retain staff. The specifics of how to use these findings depends on the individual nursing home. The findings are specific enough to provide guidance to nursing homes, yet general enough to allow for creativity and adaptation.

QUALITY ASSURANCE IN LONG-TERM CARE FACILITIES

ABSTRACT

This study was undertaken to examine quality assurance as it applies to the nursing home industry and to analyze quality assurance programs in six exemplary facilities selected by The Illinois Department of Public Aid. Findings are based upon a thorough review of the literature, field study of the six facilities, and in-depth interviews, discussions, and dialogues with facility personnel.

The literature review and field study methodology disclosed two distinct approaches to quality assurance in nursing homes. One approach uses formal methods to systematically measure, monitor, and evaluate service delivery. Formal methods rely upon and are distinguished by the type of documentation used to rate the quality of the facility's service provision. The other approach uses informal methods to assess service quality. Informal methods rely upon subjective problem identification by, and verbal communication between, staff and management.

Of the six quality assurance programs analyzed, three used formal methods to achieve quality assurance and three used informal methods. While there was little similarity in the specific methods used, whether formal or informal, all six quality assurance programs consisted of organized and reliable procedures to identify needs and problems in service delivery, to formulate corrective plans, to implement the plans, and to evaluate the extent to which the plans achieved the desired outcomes in service delivery.

The findings of the study are presented here. Effective quality assurance practices and procedures were documented in a manual of guidelines to be used by Illinois nursing homes to develop or enhance quality assurance programs.

INTRODUCTION

The ability to accurately identify and resolve problems in service delivery largely determines the success of nursing homes committed to providing quality care. Efforts by exemplary facilities to improve service quality include the development of organized and reliable procedures for identifying problems in care delivery, formulating plans of correction, implementing the plans, and evaluating outcomes to determine effectiveness. These procedures are collectively defined as quality assurance and their implementation as quality assurance programs.

The concept of quality assurance is recognized by nursing home management and staff as essential to providing optimal levels of service. Yet in many facilities quality assurance remains an abstract term without practical application for personnel who are expected to meet certain standards in their jobs.

This project was undertaken to assess quality assurance procedures utilized in exemplary facilities and to explicate procedures for the application of these at other nursing homes. The intended outcome was the demystification of quality assurance by translating the concept into workable mechanisms to help nursing home staff meet the standards for care set by regulatory agencies in addition to the expectations of their own facilities.

The findings of this study are based upon a thorough review of the literature, field study of six exemplary facilities selected by The Illinois Department of Public Aid, in-depth interviews, discussions, and dialogue with personnel in those facilities, and examination of the policies, procedures, forms, and documents used by the facilities in their quality assurance programs.

The literature review and field study methodology disclosed two distinct approaches to quality assurance in nursing homes. One approach uses informal methods to systematically measure, monitor, and evaluate service delivery. The other approach uses informal methods to assess service quality. The specific methods used in the six homes varied widely and tended to be functions of characteristics unique to each home. Variable characteristics that determined the specific methods used in the six quality assurance programs included organizational structure, geographic location, and the auspices under which each facility operated.

The findings of this study are significant and of value to nursing home staff desiring to develop or enhance quality assurance programs. Effective practices and procedures were documented in a manual of guidelines to help staff identify the unique characteristics and needs of their own facilities and to apply quality assurance procedures to meet those needs and to evaluate the quality of service provision on an ongoing basis.

LITERATURE REVIEW

A thorough review of the research literature pertaining to quality assurance revealed a diversity of definitions of quality assurance none of which were found satisfactory for general applicability to the nursing home industry. DiBerardinis and Gitlin (1980) recognized that quality assurance can have different meanings depending upon the individual perspective and so examined quality assurance as perceived by residents, administrators, staff, families of residents, and professionals. Their work can serve as a decision-making tool for administrators desiring to develop a quality assurance program.

A large amount of the literature is devoted to mechanisms for assessing and monitoring the quality of service delivery. Areas of assessment include client needs (Eggert and Brodows, 1982; Howe, 1980); allocation of resources for improving facilities (Gustafson et al., 1980); staffing patterns (Leiken, Sexton, and Silkman, 1986); physical and psychosocial environment of the facility (Moos, 1974; Dudley and Hillery, 1977); and finally, the methods used by nursing homes for assessing quality of care (Brook, 1973).

Education of personnel responsible for providing services to nursing home residents is critical to quality assurance. Aiken et. al (1985) suggest affiliating University nursing schools with nursing homes as a means of upgrading quality of care. Linn, Linn, and Stein (1983) found improved attitudes toward caring for dying patients by nursing home staff who attended an educational program concerning death. The benefits of teaching nursing homes are discussed by Schneider (1983) who claims that the increased costs of these institutions will be offset by costs related to inappropriate institutionalization and should be viewed in the context of improving the health status and the quality of life of nursing home residents.

Every staff position in a nursing home contributes to or has the potential to detract from quality assurance. Breines (1979) discusses the importance of the occupational therapist as a member of the health care team. Because occupational therapists are often not a permanent part of the nursing home staff (i.e., they are often available as consultants), Breines's article is valuable for promoting the team effort idea of everyone involved in resident care, not only staff who have daily contact with residents. Byrne (1985) discusses how coordinated efforts by the administrator and the physician can contribute to quality care and an improved facility atmosphere. Once again, the team idea is introduced as a quality assurance measure by Saul (1983) who discusses the dynamics of institutional care and the benefits of interdisciplinary in-services to improve services.

Cost of services is often a determining factor in the quality of care a facility is able to provide. Koetting (1980) investigated the efficiency of profit and non-profit nursing homes and the resulting quality of care. He found that non- profits are

more likely to provide quality care, yet are less efficient than proprietary facilities. He suggests that quality services could be increased by means of direct payment. Rhoades (1980) discusses the cost constraints on quality care and recommends an aggressive approach to marketing nursing home services as a means of improving the industry and escaping government domination.

Establishing a quality assurance program can be a difficult task for managers who do not have a clear understanding of the specific objectives they wish to achieve with a program. Jarvis, Knelsen, and Fleetwood (1984) outline steps for establishing a quality assurance program taken from a Canadian nursing home that successfully developed and implemented a quality assurance program. This article is valuable for helping managers who may be baffled by the concept of quality assurance to generate ideas for quality assurance in their own facilities.

Finally, alternatives to nursing homes are discussed by Kane and Kane (1976) and Kayser-Jones (1982) who studied care of the aged in other countries. Konz (1981) summarized other articles on alternatives to institutionalization within the United States.

RESEARCH DESIGN

The research for this project was first initiated with a thorough review of the literature pertaining to quality assurance by the research assistants. Each research assistant began with a unique perspective of quality assurance based on work history and/or academic knowledge of the subject. The individual perspectives of the research assistants became less diverse as familiarity with the topic increased during the literature exploration phase of the project.

In addition to the literature review, the first phase of the research project included in-depth meetings of the research staff. Through these meetings quality assurance interviewing guides were created to be used by the research assistants during on-site visits to six Illinois long-term care facilities selected by The Illinois Department of Public Aid as studies for this project. It was during these meetings that the individual perspectives of the research assistants were solicited to create a working definition of quality assurance compatible with data from the literature.

During these months prior to the field study phase of the project, additional information regarding the concept of quality assurance was contributed by quality assurance professionals through personal interviews or telephone conversations with the research assistants.

The six research sites were determined by The Illinois Department of Public Aid to have recently exhibited evidence of exemplary quality assurance programs and were selected for study based on that evidence. The names and locations of the facilities are:

Americana Healthcare Center of Urbana, Urbana
Apostolic Home for the Handicapped, Morton
Arthur Home, Arthur
Burgess Square, Westmont
Fondalac Manor, Peoria
Lake Bluff Health Care, Lake Bluff

Field study of the six facilities began in April 1987 and continued through May 1987. The on-site visits began with guided tours by administrators, social service designees, and DONs to acquaint the researchers with the physical design of each facility and to provide an initial opportunity for observations and questions.

After the tours, administrators and/or staff primarily responsible for quality assurance administration were individually interviewed for in-depth discussions of quality assurance and the quality assurance policies and procedures used in the homes. The researchers' questions were prompted by, but not limited to, the interviewing guides developed prior to the facility visits.

The interviewing guides included questions regarding each facility's definition of quality assurance, sources of standards for service delivery, how quality care is achieved, maintained, and monitored, how it is evaluated, and the specifics of each facility's quality assurance program. The questions asked were, for the most part, open-ended, and all questions yielded qualitative data.

In addition to information gathered by direct observation of the facilities and the interviews with selected staff members, an agency profile was completed by the administrator in each facility. The agency profile was developed by the research team prior to the on-site visits. Completed profiles included information concerning each facility's history, geographic location, number and type of beds, staffing patterns and wages, volunteers, and employee benefits.

After the visits, discussions among the research team members were held to maintain consistency and to identify need for further clarification. Additional data were obtained after the initial visits by return visits and/or follow-up telephone conversations with administrators and staff. To obtain a comprehensive description of each quality assurance program, data in the following areas were obtained from each facility:

1. The underlying philosophy of the nursing home's approach to quality service.
2. The value of the quality assurance program used, its historical development, and plans for future refinement.
3. Ways of educating staff about quality assurance and staff contributions to the quality assurance program.
4. The role of the community in quality assurance.
5. The role of the families in quality assurance.
6. The origins of facility standards for care.
7. The relationship of in-services to quality assurance.
8. The procedures, policies, and operations of the quality assurance program.

FINDINGS

Each of the six facilities studied had achieved a degree of service quality identified by The Illinois Department of Public Aid as exemplary, yet the six quality assurance programs were widely diverse in the methods used to attain the exemplary levels of service. Three of the facilities were corporate owned and used quality assurance guidelines supplied by the corporation. These programs used formal methods to measure, monitor, maintain, and evaluate service delivery. The other three homes were church, community, and privately owned. These facilities used informal methods to measure, monitor, maintain, and evaluate services.

Variations in quality assurance procedures were largely a reflection of the different underlying philosophies of quality assurance and the factors considered most significant to quality assurance achievement. One facility stressed the importance of resident/family relations as an important quality assurance measure and concentrated upon programs and social activities to encourage and sustain those relationships. Another facility emphasized nursing as the foundation of quality assurance and the focus of that quality assurance program was quality medical service.

The three corporate facilities approached quality assurance from the standpoint of maintaining the standards of the owner corporation. Corporate guidelines for quality assurance tended not to emphasize one aspect of service or one discipline over another. Each department in the facility is given the service standards it must meet to remain in good standing with the corporation, with clearly defined objectives for each staff position. Because each department and each position within the department is routinely assessed by corporate surveyors, these facilities tend to take a holistic and a compatible team attitude toward quality assurance.

Despite the disparity in the six quality assurance programs and the philosophical foundations, the programs were generalized to some extent, although not in the classical sense. All programs were targeted toward four objectives:

1. Accurate identification of problems in service delivery.
2. Formulation of plans to correct the problems.
3. Effective implementation of the plans.
4. Evaluation of the effectiveness of the plans in achieving the desired outcomes.

The findings from this study were used to develop a manual of guidelines to be used by nursing homes desiring to create or enhance quality assurance programs. The various perceptions and definitions of quality assurance from the research sites were synthesized into a general definition of quality assurance as the set of procedures a nursing home uses to promote excellence in the provision of care.

Using the general definition as a starting point, the manual presents quality assurance procedures as an ongoing four-step process of problem identification, formulation of corrective plans, implementation of the plans, and evaluation of outcomes. The manual stresses the dynamic nature of an effective quality assurance program and encourages managers to educate staff about quality assurance as a routine aspect of their jobs to make them aware of the contributions they make to quality assurance on a daily basis.

The manual describes formal and informal quality assurance programs and presents the strenths and limitations of each to help facilities select a program appropriate to their own individual needs. Effective quality assurance procedures and techniques from the facilities studied are outlined and examples of innovative ideas are presented in the appendices.

The manual based on the findings from the study encourages facilities to analyze the variables that make them unique before attempting to set up a quality assurance program. Variables to be considered include resident population, staff make-up, geographical location, etc. Finally, step-by-step directions for setting up a quality assurance program are given.

The quality assurance manual is not intended to be a definitive guide to quality assurance. Rather, it was developed to help homes generate their own ideas about quality assurance and to be creative in developing quality assurance programs suitable to their own unique characteristics.

CONCLUSIONS

Because of the abstract nature of quality assurance as defined and described in the literature, the research team expected a large degree of variation in the quality assurance programs used in the six research sites. Analysis of the data from the on-site visits confirmed those expectations. Although only six quality assurance programs were analyzed, due to the significant variations among the programs the sample size is sufficient to draw the following conclusions:

1. Approaches to quality assurance and the methods chosen to achieve quality service delivery are functions of facility variations in size, location, resident population, staff make-up, management styles, community attitudes, family involvement, and the auspices under which a facility operates.
2. Exemplary quality of service delivery as defined by The Illinois Department of Public Aid can be achieved through either formal or informal quality assurance methods.
3. An effective quality assurance program must include procedures for identifying problems in service delivery, for formulating plans of correction, for implementing the plans, and for evaluating the outcomes of plan implementation.
4. Quality assurance policies and procedures largely determine the quality of life for residents.
5. Quality assurance is attainable given an accurate analysis of the problems and needs of a facility.

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APPENDIX A

DESCRIPTION OF FACILITIES

APPENDIX A: DESCRIPTIONS OF THE FACILITIES

The nine long-term care facilities selected by the Illinois Department of Public Aid as exemplary facilities range in geographic location from northern, to western, to central Illinois. Eight of these facilities are nursing homes and are licensed for skilled beds, and one is a DD facility offering intermediate care. The size of the facilities range from 58 beds to 211 beds, and the type of ownership ranges from private, to corporate, to not-for-profit, to community owned. The numbers of patients who are supported by Medicaid funds ranges from 33% to 98%.

The **Americana Health Care Center of Urbana**, Illinois, is a 100-bed facility located in a University town. The facility is corporate owned and licensed for all skilled care. The building is adjacent to a large hospital, and connected to it via tunnels. The main reception area is located on the first floor, which is plushly carpeted and neatly furnished. There is both elevator and stairwell access to the second and third floors, which are the residents' floors. There are two residents per room, and each room is neatly decorated in pastels and floral prints. Behind the building is a small outdoor courtyard with tables and chairs.

The Apostolic Home for the Handicapped is located in Morton, Illinois, which is a church-oriented community. Ninety-four percent of the population that this not-for-profit agency serves is supported by Medicaid funds. This 104-bed DD facility is surrounded by 35 acres of land, and plans are currently being made to open a 16-bed small group home across from the facility. The atmosphere of the home is quiet during the day because most of the residents go out to school or workshops. The facility is bright, clean, tidy, and pleasing to the eye, and each hallway is creatively marked with a street sign, such as "West Parkway" or "Main Street". There are several large television lounges with comfortable chairs and a large gymnasium in the building for the residents' use. The residents' rooms are doubles furnished with beds, chairs, chests of drawers and, in some cases, are decorated with the residents' belongings and artwork.

Arthur Home is a one-floor, brick building located in the rural atmosphere of Arthur, Illinois, and is owned and operated by the community. Twenty-five of the 69 beds are licensed for skilled care, and there is a consultant and two aides for physical therapy. The nearest hospital is fifteen miles away. This nursing home serves as the town fire station and recives 24 hour emergency calls for firemen dispatching. The building is neat, clean, and has a homey atmosphere. The artwork and decor consist of handmade drawings by staff and residents, oil paintings donated to the home, and photographs of each staff member proudly displayed on the walls. There are two residents per room, and each room is large and pleasantly decorated in various colors. This one-building facility has a well laid-out floor plan which includes a courtyard in the center, a staff lounge for all

employees to use, and two nurses stations--one on each side of the building.

Burgess Square Health Care Center is a two-story building with the capacity for 211 residents and is located in Westmont, Illinois, a western suburb of Chicago. This privately owned facility is licensed for 15 skilled care beds, has one PT consultant, four PT aides, and one OT consultant. Sixty percent of the residents are supported by Medicaid funds. Each floor of the building is divided into four wings with a central nurses station connecting them. The first floor is designed for residents who need minimal supervision, and the second floor is equipped for more close supervision and heavier nursing care. Located on each floor are a large dining room, a large television room, and a deluxe wing. The deluxe wings are furnished with plush carpeting, color-coordinated wallpaper and wall hangings,and a family lounge for visitation, while the other hallways and rooms are neatly painted and tiled. There is an outdoor patio, nicely landscaped with flowers and shrubs. The facility itself is well-kept, with clean, shiny floors and a fresh scent in the hallways.

The Christian Home is a 99-bed facility located within the town of Lincoln, Illinois. This Church-sponsored, not-for-profit agency offers both skilled and intermediate care, and 1/3 of the residents are funded by Medicaid. In the building, there is a central main entry and receiving area decorated with upholstered chairs and low tables. To one side is a carpeted wing for 25 light care residents. The resident rooms on this wing look like carpeted hospital rooms with outside windows. The nurses' station is located in the center of the floor, with resident rooms located on either side of a central hallway. There is a central dining room, a modern kitchen, a physical therapy room, and a large activity room. Across the street from the nursing facility is a retirement center that is operated by the same administration as the nursing home. Residents of the retirement center are given priority on admissions to the nursing facility over persons in the community. The retirement center has a main building with several one-room and one-bedroom units in it. It also has a lounge with a fireplace and television, and a central sitting room. There are several duplex apartment units on the grounds, as well as a central kitchen and eating area for residents who choose to not cook their meals in their own rooms.

Fondulac Manor is a 98-bed, corporate-owned facility located in the outskirts of Peoria, Illinois. It is situated away from other properties, giving it the atmosphere of being in the country. The surrounding grounds are beautifully landscaped with shrubs, flowers and a rock garden. The one-story building is divided into wings which are connected by a central dining area. This dining area serves as the residents' lounge area, it has a large television, a piano, and live birds for the residents to enjoy. The facility offers skilled and intermediate care, and 33% of the residents are funded through Medicaid.

Lake Bluff Health Care Center is a modern three-story facility located north of Chicago, in Lake Bluff, Illinois. This corporate owned facility has 231 beds, 100 of which are licensed for skilled care and the remainder are for intermediate care. Forty percent of the residents are Medicaid funded. As for the building, each floor is designed to meet the needs of the residents; the top floor is for those residents needing close supervision and more skilled care, lighter care residents are on the second floor, and the lightest care residents are located on the first floor. Each floor has the same layout: a central hall with single, double, and triple rooms on either side of it, and at either end of the hall is a large room which is set up for resident diningat meal times, and is used as a sitting room at other times. Off this room is a patio or balcony on each floor. Each resident room has an adjoining bathroom with a toilet and sink in it, and each room is equipped with a mini-refrigerator. In the basement of the building there is a large activities room with a well-organized storage space, a physical therapy room, a beauty salon, a computor room, a social services room, a laundry and a kitchen.

Macomb Nursing and Rehabilitation Center is a one-story building located adjacent to a hospital on the south edge of the city of Macomb, Illinois. Half of the residents of this corporate-owned facility are supported by Medicaid funds. The 58-bed home, which is licensed for all skilled care, is in the process of being remodelled. A nicely furnished reception area has already been completed, and work is currently being done on the central dining area. One of the newly remodeled bathrooms is equipped with a modern bathtub that has removable sides, a whirlpool and other features that make bathing more theraputic for the residents and easier on the bath aide. Other rooms in the facility are the physical therapy room, the kitchen, employee lounge and the administrative offices.

The Maplelawn Home is located on the Maplelawn "campus", which is on the city limits of Eureka, Illinois. This not-for-profit facility offers both skilled and intermediate care services, and 30% of the residents are supported by Medicaid funds. The campus consists of the 80-bed nursing unit, 100 single apartments, and 60 cottages. Adjacent to the nursing unit is a building which houses administrative offices, a children's day care center, and the Woodford County Retired Seniors Volunteer Program office. The nursing home is connected to the apartment buildings via an enclosed walkway. The surrounding grounds are well-kept and a nature walk trail has been established which is accessible to the handicapped. The two-story facility is clean and decorated with country furnishings. Plants, birds, and fish are located on both floors for the enjoyment of the residents. In addition to the large reception area and dining room, residents have access to private dining rooms, a craft room, a beauty shop, and the visitors lounge.

APPENDIX B

ANNOTATED BIBLIOGRAPHY

SELECTED DIMENSIONS OF LONG-TERM CARE

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PREFACE

People working in long-term care facilities are very committed to their jobs and the residents they serve. They often look for ways to improve the quality of care and the services they provide. Frequently, however, information about innovative ideas and research findings is not readily available. To assist staff working in long-term care facilities this selected annotated bibliography was compiled. It focuses on three essential dimensions for delivering quality care to residents in long-term care facilities--care planning, personnel management, and quality assurance.

Care planning has emerged as an essential mechanism to be used in delivering quality care for residents in long-term care facilities and maximizing their potential for rehabilitation. The articles on care planning generally focused on the following areas: methods of assessment, interdisciplinary approaches, the care planning process, and care planning related to specific resident conditions.

The literature on personnel management is voluminous. However, the application of personnel management in long-term care facilities is somewhat limited. The citations presented here focused on employee incentives, hiring, management approaches, performance appraisals, training and development, and other selected topics.

The concept of quality assurance is recognized by nursing home management and staff in exemplary facilities as essential to providing optimal levels of services. The success of many nursing homes in providing effective, efficient, and quality services often rests with its quality assurance programs. Yet, in many facilities the concept of quality assurance is an abstract term without practical applications for personnel who are expected to meet certain standards in their jobs. A substantial portion of the literature on quality assurance is devoted to mechanisms for assessing and monitoring the quality of service delivery and providing specific training and educational programs to upgrade the provision of care.

This annotated bibliography resulted from a research project conducted at the School of Social Work at the University of Illinois at Urbana-Champaign. The research, funded by the Illinois Department of Public Aid, evaluated care planning, personnel management, and quality assurance practices proven effective in exemplary facilities throughout the state. The references in this bibliography resulted from computer searches of various databases of articles in the

field, analysis of books, and a review of the references in the citations initially selected. This bibliography includes fairly recent and up-to-date materials published during the period from 1974 to 1987. The books included in this bibliography are limited only to those which specifically address these three dimensions within long-term care facilities. These citations are not exhaustive and serve only as a beginning resource for anyone wanting references on care planning, personnel management, and quality assurance in the field of long-term care.

CARE PLANNING

Adams, Carl E, and Powell, Judy W. "Patient Assessment as a Tool For Use in Long-Term Care." Journal of The Tennessee Medical Association, 77/5 (May, 1984), 287-288.

Purposes for assessment are to establish care, determine that the indicated care is being given, and assure that the provided care is the most appropriate in regards to cost and quality. Patient placement and discharge are two areas in need of attention at this time. Insurance of proper placement, care planning, and timely discharge may be met through on-going planning and evaluation in nursing homes.

Alfaro, Rosalinda. Application of Nursing Process A Step-by-Step Guide. Philadelphia, Pennsylvania: J.B. Lippincott Company, 1986.

The nursing process involves five basic steps: assessment, diagnosis, planning, implementation and evaluation. Within each step, numerous substeps are required to accurately proceed through the process. Assessment steps are: collect data, validate data, organize data, and identify patterns. In diagnosis, the steps are: analyze data, identify nursing diagnosis, and identify collaborative problems. Planning steps are: set priorities, establish goals, determine nursing intervention, and document the plan of care. Implementation steps are: continue data collection, perform nursing interventions, document nursing care (charting), give verbal nursing reports, and maintain accurate care plans. Finally, evaluation steps are: establish outcome criteria, evaluate goal achievement, identify variables affecting goal achievement, modify the care plan, and terminate the care plan objectives.

This book is well organized and can easily be read and understood. Guidelines are given along with sample data to illustrate them. The divisions presented in the book are natural; topics are easily read, understandable and coherent. This book offers a clear picture of key aspects in the nursing process.

Bainum, Robert. "Patient Living System." The Journal of American Health Care Association, 2/2 (March, 1976), 4-9.

When a person decides to live in a nursing home many freedoms are often lost in the move. Residents of nursing homes are usually put on schedules much different than the ones they have lived by for years. Family contact is restricted and privacy may be nonexistent. Decisions are made by staff concerning types of medications to take and schedules for taking the medications. Restrictions apply to trips outside the facility and diet. Virtually all freedoms to make decisions may be forfeited after entering the facility.

The article explores a home in Fairfax which has devised a special Patient Living Department to ensure the continuance of normal routines the person had enjoyed at home. An assessment is made of the patient when admitted, and a plan of daily life for the individual is developed. Nursing and medical care plans are worked into the daily life plan. Periodic evaluations and plan revisions are made when necessary. Patients are assisted in maintaining their normal activities, and freedom is allowed for personal individuality. The patient's desires and rights come first, making for a happier person and a happier environment for all.

Becker, Babette. "The Nursing Home Scoring System: A Policy Analysis." The Gerontologist, 22/1 (February, 1982), 39-44.

A study was done at twelve nursing homes regarding the placement of residents in the facilities before and after a mandate that required the implementation of a scoring system for placements of residents. It was determined that the scoring system was ineffective in fulfilling desired outcomes of the policy.

Caldwell, Janice M. "Managing Patient Care Under The New Standards." Contemporary Administrator, 3/12 (December, 1980), 6-8.

Comprehensive patient assessment is a new requirement proposed to the Medicare/Medicaid conditions of participation for SNFs and ICFs. Patient Care Management Systems (PCMS) is a

repackaging of several existing standards. Patient Assessment Care Evaluations (PACEs) is a project set up by the Department of Health and Human Services which is being replaced by the PCMS, in the hopes of an easier and more efficient assessment. A comprehensive approach to long-term, personalized care is taken in the PCMS approach. The focus of PCMS is on a systems approach to patient care.

Carpenter, Helen M. "Services For Patients With Long Term Illnesses: A Planned Approach." Canadian Journal of Public Health, 67 (July/August, 1976), 329-332.

The needs of the chronically ill elderly are becoming a topic of great debate. Developments in medical technology have resulted in longer and more productive lives. Ways of caring for the ill elderly should be explored by the medical team, the patient and the patient's family. Alternatives to long term care facilities should be considered. Maintenance of normal social relationships are of great importance to the patient's well-being. In-home services can help patients in the community and offer assistance to helpful relatives. Prevention and rehabilitation are a basic part of caring for the elderly. Day care can provide temporary relief for the relatives who care for the elderly person. Medical planning by all concerned helps attain the best, most efficient method of care for a chronically ill elderly person.

Curley, Joleen J. "An Activities Program In A Long-Term Care Facility." Quality Review Bulletin, 7/9 (September, 1981), 12-18.

The activities department of the Methodist Health Center in Madison, Wisconsin performs two major functions: activities assessment and care planning. In the activities assessment portion, an assessment is made when the resident is admitted. It includes personal data about the individual that may be helpful in providing activities that can be enjoyed by the resident. Data is also gathered about the resident's illness or disability, his/her attitude toward it, and feelings about living

in a facility. Finally, activity-related information is gathered. Additional assessments are done later, once the resident has adjusted to life at the facility. A care plan is devised which includes activity-related goals. Each resident is free to engage in activities of his/her own free will. Records of participation and ongoing assessment provide data for care plan revisions.

Falcone, Angela (interview). "New Assessment Tool Assures Appropriate Patient Placement." Today's Nursing Home, 3/3 (March, 1982), 1, 11-12.

LTCIS is the Long Term Care Information System developed by Angela Falcone to survey a patient's medical, psychological and social needs. It identifies services required to meet the needs of the patient to ensure appropriate placement. It also provides proof to reimbursement officials, utilization reviewers and other officials that the patient's care plan is required for his/her continued health care needs. Future medical needs can also be assessed based on the system. Introduction of the system has worked well in Michigan and has gained widespread acceptance in New York, where a second grant to establish a national program has been enacted.

Falcone, Angela. "Discharge Planning." Michigan Hospitals, 15/3 (March, 1979), 24-25.

Systematic and complete identification of patient service needs in hospital discharge planning is accomplished by use of Long-Term Care Information System (LTCIS), an objective assessment tool and a mechanism for identification of service needs. The system predicts what services will be needed and enhances continuity of care upon patient entry to a nursing home. The system is supported by an on-line, computer-assisted information and referral system with information concerning long term care facilities and availability of supportive community resources.

Folin, Rose Marie. "Resident Care Plans." Nursing Homes, 29/4 (July/August, 1980), 26-29.

The answers to what are, why have, who writes and how to use care plans are provided in this article. A clear definition of a care plan is provided as well as examples and forms. Preparations by staff are stressed, as well as the establishment of policies and procedures for care plan development. Procedures for the care plan meeting are outlined.

Gottrust, Kathy V.; Ryan, Susan C.; and Engelman, Diane Schmidt. Applied Nursing Diagnosis: Guides For Comprehensive Care Planning. New York, New York: John Wiley & Sons, 1985.

A wide range of example care plans are given for physical and emotional disturbances. Possible factors contributing to the disturbance are offered, as well as expected outcomes. Nursing interventions are listed. Aside from the table of contents, the organization of the individual care plans is cohesive and comprehensive. The care plans contain valuable information concerning risk factors, expected outcomes, and nursing interventions. A section of each care plan is devoted to a bibliography and suggested readings. This book will be useful to anyone seeking information concerning specific care plans.

Gray, June W., and Aldred, Helen. "Care Plans In Long Term Facilities." American Journal of Nursing, (November, 1980), 2054-2057.

Mechanics of care planning include goal setting, goal evaluation and the issue of responsibility. Governmental regulations are discussed and specific suggestions for an interdisciplinary approach to care planning are offered.

Gray, June W. "Patient Care Planning--A Format For Easy Implementation." American Health Care Association Journal, (May, 1979), 12-16.

Care planning saves time for administrators and staff as patient problems and needs are identified and priorities for care are established. Care planning provides for continuity, quality and individualization of care in spite of variations in care delivery personnel. The flow of care planning calls for "APIE"--or Assessment, Planning, Implementation and Evaluation. Care plan tasks are clearly divided between team conference personnel. Consistency of care delivery is essential as patient problems, and needs are addressed through the APIE method. Documentation of goal attainment efforts is crucial.

Greer, David S., and Kaplan, Marilyn T. "Care Of The Chronically Ill: Planning For Progress." Rhode Island Medical Journal, 59/5 (May, 1976), 212-217, 238.

The long term health care system needs to be refocused. Nursing homes are currently doing a poor job of rehabilitation; they often facilitate dependency. Medical and social care teams are often poorly coordinated, leading to a lower quality of care. Ill elderly are often unnecessarily institutionalized, with little chance of discharge. The focus on rehabilitative, short-term care in long term care facilities would improve efficiency and help lower costs, while giving support to a growing population of elderly.

Gubrium, Jaber F. "Doing Care Plans in Patient Conferences." Social Science and Medicine, 14/A (1980), 659-667.

Staffings are conferences in which a wide range of patient care workers meet to discuss patient care plans. A written care plan is the outcome. In the five nursing homes discussed, care plans provided an identification of the problems of the patient, an observance of patient's coping skills, and the writing of the care plan. Also, the issue of nursing home practice and accountability for the care of patients is discussed.

Gubrium, Jaber F. "Patient Exclusion in Geriatric Staffings." The Sociological Quarterly, 21 (Summer 1980), 335-347.

Staffings are conferences in which care givers meet to discuss the conditions of a patient and goals for future care. Specific problems with resident involvement are identified. Often more than one patient is staffed at one meeting. If the patient being discussed is present at the meeting, the mood of the staffing changes, with staff members' behavior becoming more reserved. Staff members are less likely to give personal statements about their feelings toward the patient and his/her care. Often staff members do not include the patient in much of the conversation and engage in hidden dialogue either through whispers, gestures, or note passing. Ideally, involvement of the patient in care planning allows patient access to the process and provides an opportunity for patient input.

Hopping, Betty. "Conversations in 'The Waiting Room For Death'." Nursing Homes, 25/6 (November, 1976), 18-20.

The author was employed as a nursing home consultant for the purpose of taking nursing histories, making patient assessments and writing nursing care plans. Interviews with the residents taught her several "lessons": accurate information can be obtained from residents; care plan information can be discussed with residents; and residents like to be addressed as persons with names. The author discovered common resident problems and important elements of a care plan.

Hughes, Marylou, and Roller, Manuela Espinosa. Social Service Care Plans For Nursing Homes. Houston, Texas: M & H Publishing Co., 1986.

A basic view of care planning is proposed, beginning with the definition of care planning and proceeding with a discussion of care planning history. Specific care plans are documented in the areas of adjustment, behavior, material needs, and relationships. Extensive appendices cover a wide range of other areas pertinent to care planning, such as discharge planning and resocialization.

This book is organized into three sections: care planning definition, care plan examples, and appendices. The information is intended for basic use by beginners in the care planning process. It is well written and good for its intended purposes.

Hunt, Jennifer M., and Miran, Diane J. Marks. Nursing Care Plans: The Nursing Process At Work (2nd ed.). New York, New York: John Wiley & Sons, 1986.

In this book relevant words to care planning are defined, ways to devise care plans are outlined, and hints to more effective care plans are given. The five stages of care planning are discussed and critical information to the success of the care plan are outlined. The roles of organizers, such as the clinical nurse, the nurse manager, and the nurse educator, are suggested.

The table of contents includes sample care plans, a reading guide, and a bibliography. The book is a well-organized, comprehensive approach to care plans. Organization of the book promotes a solid understanding of the material and how the different areas fit together.

Kerson, Jerome. "Treatment Planning For Patients In Nursing Homes." Journal of The American Dental Association, 89 (September, 1974), 640-643.

Dental care is a need for many nursing home residents. Proper care for residents would include a comprehensive assessment of the resident's dental needs. Residents often do not attain proper care of their teeth and/or oral prosthesis, which is a major consideration in planning for future dental treatment. Primary concerns include retention and maintenance of own teeth, maintenance of dentures or partial dentures, and improvement of dental health. Special consideration about the emotional status of the resident should be given. Often, if the resident has done well with no teeth or with few teeth, it may not be beneficial to suggest dentures or prosthesis, especially if the resident is unwilling to consider it.

Koff, Theodore H. "Case Management In Long Term Care: Assessment, Service Coordination." Hospital Progress, (October, 1981), 54-57.

The long term health care system lacks an advocacy program for older people during the pre-admission to nursing home stage. The person and his/her family is often not aware of community services available to assist the elderly in maintaining life in their own home. Options are not presented at the time a nursing home placement decision is made. An efficient method of case management is necessary to evaluate needs and determine if the person can remain at home (and if so, what services are available) or if they need to be placed in a nursing home (and if so, which one). The long term health care system is inadequately meeting the needs of the elderly who may be able to remain at home.

Locke, Mattie. Revised Practical Guide To Health Care Planning For Nurses. Houston, Texas: M & H Publishing Company, 1984.

This book is divided into two parts. Part One deals with the actual formulation of care plans and Part Two deals with the specifics of care planning such as planning activities of daily living and planning for care of specific diseases. Part One includes two extensive case studies which help demonstrate efficient care plans. Part Two deals with commonly seen diagnoses and inclusions for care planning. Examples relevent and brief. The book would be of some use to those wanting a guide through a case study or quick reference to care plan procedures for certain types of problems.

Lowe, Mary Ann. "Care Plans Help Manage Patients As Individuals." Provider, (August, 1986), 48-49.

Four questions to be asked in the initial development of a long-term care resident's care plan are explored. A structured approach to the care management of each resident enhances individualistic care and coordinates multi-disciplinary efforts.

Mark, Vernon A.; Sabin, Thomas D.; and Vitug, Antonio J. "Are Nursing Home Diagnosis and Treatment Inadequate?." The Journal of The American Medical Association, 248/3 (July, 1982), 321-322.

This is a report on the neurological study of dementia patients in long-term care facilities. The study shows that the general physician needs to be more concerned with the accuracy of assessment.

Massie, Charles. "Computers and Patient Care." Contemporary Long Term Care, (April, 1986), 39-40.

Computers can be utilized by nursing homes to provide efficient data systems and reduce redundant writing time. Flexibility and ability to adapt are two key factors in the selection of a computer system.

Mayers, Marlene G. A Systematic Approach To The Nursing Care Plan (3rd ed.). Norwalk, Connecticut: Appleton-Century-Crafts, 1983.

The care plan is an important part of professional nursing practice. Care plans are vital to the organization, recommendation, and evaluation portions of nursing care. Criteria for evaluation should be set and standardized forms should be used to provide easy access to patient care information. Care plans provide an index to the quality of care given, which makes for easy determination of necessary changes. Education about the uses and application of care plans in a variety of settings is also a necessary focus of nursing. Implementation and evaluation are the final ingredients in assuring quality care planning in the nursing process.

Many case examples are used to illustrate the text. Sample care plans are also used to assist the leader in greater understanding. All chapters are clearly, coherently presented; the flow from one chapter to the next facilitates good understanding. Overall, the book is a good approach to general understanding of the nursing care planning process. Despite the nursing orientation, staff of all disciplines will find this book to be useful as an in-depth approach to care planning.

McIntosh, Elaine. "Nutritional Assessment and Care." American Health Care Association, (September, 1981), 17-18.

Four steps are frequently used in nutritional care planning: assessment, planning, implementation and evaluation. A nutritional screening is done to determine whether or not a regular diet is appropriate. The person's nutritional history is reviewed and changes are recommended when necessary. A plan is then made with the approval of the patient and physician. The plan is then implemented. Forms should be developed to keep track of the foods given and eaten, improvements and/or deficiencies. Periodic evaluations are made to ensure the plan is working and if necessary, to make revisions.

Miller, Michael. "Patient Assessment." American Health Care Association Journal, 3/3 (May, 1977), 69-72.

The purpose of assessment is to : 1) assist providers in establishing a system of patient assessment within their facilities; and 2) to develop and test a patient-oriented abstract form based upon the patient's classification. Standard assessment tools can assist in better documentation of patient care and needs. Care planners must be aware of the needs of the patient and how to attain the needs through goal setting. Quality of care is difficult to define and assess without guidelines and specification as to what is "good" or "bad". There are often identifiable deficiencies in important areas of care which need to be addressed, such as chronic congestive heart failure and documentation of multiple bilateral stroke episodes. The nursing profession has neglected to provide training specifically in the area of clinical problems of the elderly in the nursing home setting.

Neil, Margo C.; Conlen, Patricia F.; Cooper, Phyllis G.; and Reighley, Joan. Nursing Care Planning Guides For Long Term Care (2nd ed.). Baltimore, Maryland: Williams & Wilkins, 1985.

The nursing care planning guide is a tool which may be useful to anyone seeking aid in planning care of patients in nursing homes. This book outlines many different diagnoses and the

proposes corresponding care plans. The table of contents is divided into three sections: medical and surgical, patient behaviors, and supplementary. Individual care plans are divided into sections which include: long term goal, general consideration, specific consideration, potential patient outcomes and nursing actions, and discharge planning and teaching objectives/outcomes. References at the end of each plan are offered for further reading.

Nelson, Fred, and Britton, Lee. "Skilled Orders Get Skilled Care." Maryland State Medical Journal, 28/2 (February, 1979), 75-77.

The nursing home is a multipurpose facility that serves as a point of transfer from hospital to home, or as a permanent place of residence. Doctors should be aware of available services of local nursing homes and the home's staff (i.e. social workers, nurses, physical therapists, etc.) Communication between care givers is vital for the proper services to be rendered at the appropriate time. Communication between hospital and nursing home staff is also vitally important for smooth patient transfers and for continuity of care.

O'Driscoll, Dorothy. "The Nursing Process and Long-Term Care." Journal of Gerontological Nursing, 2/3 (May/June, 1976), 34-37.

The nursing process implements four phases: assessment, planning, implementation and evaluation. Assessment includes an initial and ongoing assessments which identify physical, mental, emotional and psychosocial functioning levels. Planning is a team effort which should classify priorities and focus on needs expressed by the resident and family members. Goals are formulated for both long-term and short-term care. All professionals involved should communicate frequently concerning changes in the resident's abilities and functioning. Implementation should include coordination of services to carry out the plan. Evaluations should be comprehensive and continuous, noting any changes to accommodate new and different needs.

O'Laughlin, James M. "A Dental Program For Nursing Home Residents." Geriatric Nursing, 7/5 (September/October, 1986), 248-250.

Proper dental care must be incorporated into the overall patient care of nursing home residents. Means for incorporation include proper training and instruction of primary care givers on how to properly care for their own teeth, and for the residents' teeth. Regular visits by a dentist to ensure good condition of residents' teeth is also a necessary part of oral care. Proper documentation of oral care is needed to make information of oral care available to all care givers.

"PACE: What Is It? Where Did It Come From? Where Is It Going?." American Health Care Association Journal, 4/1 (January, 1978), 42-43.

The federal government's PACE (Patient Appraisal Care Planning and Evaluation) program is defined and introduced in this article. A PACE instrument is used to collect social information, medical history data, develop a plan and follow-up on care plan goals. A multi-state test was implemented to measure the effectiveness of the program and predictions are made as to its utility in standardization of health care delivery and reimbursement.

"Patient Assessment: Identifying Patient Needs." American Health Care Association Journal, 3/3 (May, 1977), 12-14.

Directing patient care usually is coordinated by a team of nursing home staff members who should take a multidisciplinary approach to assessment. A multidisciplinary team assessment should include input from the patient and his/her family.

Comprehensive care should include: assessing the abilities and disabilities of the patient; determination of needs; development of a means for providing care with defined end results; assessment of family needs and aspirations for family members and the patient; reviewing the goals of the facility, the quality of services and the competence of staff; recruiting people to work in the facility who have appropriate

training or capacity to be trained; and keeping the team going in one direction, as determined by the team leader or the whole team.

Rantz, Marilyn; Miller, Tari; and Jacobs, Carol. "Nursing Diagnosis in Long-Term Care." American Journal of Nursing, 85/8 (August, 1985), 916-917.

Nursing diagnoses were used in a long-term care facility to streamline the care planning process and relate plans to nursing practice concerns. An interdisciplinary care plan team assessed each resident, set goals and developed approaches for accomplishing goals. In-services in nursing diagnostic skills were provided for staff. Quality of care improved as a result of the collaborative and systematic care planning. Common problem categories were developed and related to accepted nursing diagnosis labels.

Sander, Pamela. Activity Care Plans For Long Term Care Facilities. Houston, Texas: M & H Publishing Company, 1986.

This book guides the reader through the process of writing an activity health care plan. Steps in the care plan process are identified and explained. Sample problems/needs, short-term goals, and approaches are given for a variety of common diagnoses. A glossary and index of Activities terms are included.

The book is organized in three sections: how to write a care plan; sample problems/needs, short-term goals and approaches; and a glossary of Activities terms. These sections provide the reader with a general outline of how to write a care plan. Sample care plans offer a starting point for personal development of one's own planning style.

Scott, Rachel. "Anger, Fear, and Nursing Homes." The Prairie Rose, 46/1 (January-March, 1977), 15-16.

This is an excellent article which addresses the many negative perspectives often voiced about nursing homes. It is proposed that although the negative things may be true of

some homes, the real cause rests with the fear that many people have of becoming dependent as they age. The author feels this may partially stem back to the individual's childhood dependency on his/her mother. Fear of dependency is the reason many people express negative views of nursing homes. Anger about becoming dependent and about aging itself play a key role in the negative images attributed to nursing homes.

Snyder, Lorraine Hiatt; Rupprecht, Peter; Pyrek, Janine; Brekhus, Sandra; and Moss, Tom. "Wandering." The Gerontologist, 18/3 (1978), 272-280.

An investigation into the wandering behaviors of residents in a geriatric center was undertaken to identify patterns of wandering behavior and develop strategies to curb this behavior. It was found that there are three types of wandering behavior: overtly goal-directed/searching behavior; overtly goal-directed/industrious behavior; apparently nongoal-directed behavior. Behaviors include searching for unattainable persons or objects, apparent working or cleaning behaviors, and apparent aimless unintentional behaviors.

Care should be taken to give residents special outlets for anxiety and industriousness which are often causes of wandering. Residents should not be whisked away to their intended destination, but should be lead and instructed as to certain landmarks which may aid their memory. Outdoor activity in peaceful, non-imprisoned surroundings may also alleviate wandering. When a resident wanders away from a facility, it is suggested that two staff members find the resident and gently bring the resident back without being pushy or aggressive. If the person wants to stay away, one person stays with the resident for a period of time to try to get them back and others come later if needed. Attempts to curb wandering behaviors should not include restraints by belts, geriatric chairs, or locked doors.

Spiker, Stuart F., and Ingman, Stanley. Utilizing Long-Term Care. New York, New York: Springer Publishing Company, 1984.

Policy affecting the aged has primarily focused on the tremendous costs of upkeeping the aged with the recognized fact that they are a dependent population which is devalued by society. The aspects of the biological components can be translated into increased medical expenses by the aged and those who support them, either in hospitals, at home, or in nursing homes. Teaching geriatric medical care is a necessary part of the move toward better provision of services to the elderly. Focus should be placed on teaching those who deal with the elderly to become aware of the special needs of that population and to work towards meeting those needs.

Work needs to be done to change stereotypes and negative views that society has about aging and the aged. People must work toward dispelling bad portrayals of the elderly. Services to the elderly should be designed and redesigned to meet the physical, mental and emotional needs. The proportionately growing number of elderly will either see greatly improved services or a very faulty system of provisions.

The book is organized as an advocate for the elderly and presents materials which reflect the need for more involvement in care decisions by elderly people. Presentation of needed changes in caring for the elderly are organized in a fashion which persuades the reader to advocate for changes in long-term care. The book would be a useful and valuable instrument for change in the system.

Stone, Virginia. "Patient Care Assessment: A Managerial Strategy." Journal of Long Term Care Administration, 2/4 (Fall, 1974), 18-24.

Patient care assessment techniques provide the managerial base for improving quality of patient care. Assessment encompasses consideration of the total life of the individual, including who he was before the illness and who he seems to be during illness. Purposes of assessment are outlined and it is suggested that reliable assessment instruments should yield data that reflects all aspects of

a resident's life, including present abilities and historical background. The best qualified assessor is a gerontological nurse. Better administration will yield better quality of care through better assessment. Government funded assessment studies are cited.

Supiano, Katherine P., and Peacock, Nancy L. "Discharge Planning For Residents of A Long Term Care Facility." Quality Review Bulletin, (October, 1981), 17-25.

The Methodist Health Center in Madison, Wisconsin conducted a study of former residents and their abilities in activities of daily living. It was found that residents who had done well in doing for themselves prior to and during their stay at the facility also did well afterwards, with many showing great improvement. It was found that these who had stayed longest at the facility had the most favorable attitude toward it. Overall the study showed improvement in the person's independency and if the person remained dependent in some aspects, many were cared for by family members.

"The Supportive Care Plan-Its Meaning and Application: Recommendations and Guidelines." Law, Medicine and Health Care, (June, 1984), 97-102.

The term supportive care means the concept of providing care and medical treatment to chronically afflicted people which preserves comfort, hygiene and dignity, but not necessarily preserves life. This must be distinguished from euthanasia, a form of causing death. The need for supportive care has arisen from the development of advanced medical technology, which can prolong life even when the prognosis is hopeless and future treatment will not facilitate improvement.

Supportive care plans involve thorough assessment of the individual's potential for progress. Each situation is different and must be specifically considered by all involved. Serious legal complications may arise when a person is not fully competent in decision-making and when decisions are made hastily by the family or physician. This article provides an outline containing brief

descriptions of what supportive care is, for whom supportive care might be considered, and procedures for initiation of a supportive care plan.

Swartz, Fredrick C.; Trabue, Christine; and Scott, Shirley. "Medical Directorship." Aging and Leisure Living, 2/1 (January, 1979), 4-6.

Medical Directors of facilities are partially responsible for the care of the patients. Facilitation of directors' knowledge about the care being given is necessary to aid the director in conducting patient care. An outline for a possible patient profile is given which is formulated soon after the patient enters the facility. The profile is then placed on the patient's bed so that every staff person and family member has easy access to it.

Touchstone, William A. "Beyond Diversion: Valuing The Needs of The Aged." Nursing Homes, (May/June, 1981), 33-36.

Points of weakness in current activity programs in nursing homes are pointed out. For instance, many programs are not staffed by qualified personnel and are used to occupy the resident's time thereby freeing nursing personnel for other tasks, and to meet staff needs. Nursing homes often provide inadequately stimulating activities, such as bingo, crafts and television. An adequate activity program would involve planning with individual residents to meet their needs. Social, emotional and physical needs of the residents should be considered and activities should be challenging in ways that stimulate the individual's interests and abilities.

Vandenbosch, Terry M.; Bentley, Caroline L.; Jones, Katherine A.; and Blake, Desiree. "Tailoring Care Plans To Nursing Diagnoses." American Journal of Nursing, (March, 1986), 313-314.

The use of a standardized care plan form found acceptance by three-fourths of the responding nurses who wanted to use the form permanently. The forms allowed for individualization of care

plans and for nurses' creative ideas. They also provided increased documentation of diagnostic, therapeutic and educational activities. The form saves time and reduces errors. An example of the form is included in the article.

Walton, Karen. Writing Health Care Plans: A Handbook For Food Service Supervisors. Houston, Texas: M & H Publishing, 1987.

This book is divided into five specific sections dealing with nutritional involvement in care planning: how to write a care plan; identifying dietary problems specific to selected, common diseases; samples of problems, goals and approaches, divided into groups of related illnesses; detailed case studies of exemplary care planning; and sample forms. The book has a clear, understandable organization which allows for easy access to the material. It offers a good comprehensive approach to care planning and may be used by anyone interested in or involved in care planning.

Ware, Patsy J. "Multidisciplinary Care." Nursing Homes, 29/3 (May/June, 1980), 21-24.

Care plans need to be discussed by a multidisciplinary team of care professionals. All supportive services should cooperatively participate in the care plan conference. The participation of the resident is also a necessary part of the conference. The patient's family needs to be aware of the plans and goals set by the team and each of its members. Open, honest communication is important to keep the planning process continually ongoing and informative. Documentation and planning of team actions is necessary to keep the plan consistent and flowing smoothly.

Alexander, Gary P. "Monetary Rewards Can Bolster Productivity." Contemporary Long Term Care, 8/7 (July, 1985), 39-40.

Clinton Health Center, a 40-bed intermediate care facility in Connecticut, instituted a three part program in an effort to address staffing problems. Added compensation time (ACT) provides hourly compensation to employees who work shifts that are understaffed. Another program awards a paid day off to every employee who has a three month perfect attendance record. The third program component, established through the personnel department, had the goal of improved morale and retention of staff. These programs resulted in financial savings for the employer and increased company participation by the employees.

Alford, Patricia J. "Turnover Rate Slows With Creative Training Program." Provider, 13/4 (April, 1986), 43-44.

The author developed a Director of Nursing development program in response to a 60% turnover rate in 130 nursing homes in five southern states. Following the training program, turnover was reduced to 20%. In the needs assessment, 161 respondents identified: increased knowledge of basic management skills; improved ability to teach nursing staff; effective stress management; increased knowledge of gerontological nursing skills; and effective methods of staff assignment. the training methodology involved adult learning models which included role playing, discussions, audiovisuals and high participation by participants. The training occured at a formal training center.

Bainum, Robert. "Bonus Incentives Can Promote Image and Care." American Health Care Journal, 11/3 (May, 1985), 50.

The author instituted a bonus program for employees at Fairfax Nursing Center in 1983 to motivate staff and improve quality of care. The four components of the program were physical

fitness, education, census, and cost savings. Increased quality was evident from resident and guest feedback. Facility revenues also increased. Finally, encouragement to employees to improve physically, intellectually and financially resulted in increased self-esteem and work motivation.

Blake, Robert; Mouton, Ruth Srygley; and Tapper, Mildred. Grid Approaches for Managerial Leadership in Nursing. St. Louis, Missouri: CU Mosby Company, 1981.

The Grid concept, developed by Blake and Mouton, has been used to study a number of basic human relationships and has been adapted in this book to study supervision in Nursing administration. After identification of production and staff members as the administrator's two main concerns, the author examines supervisory skills by the grod balance of those two concerns. Five different administration styles are examined with many examples of job behavior, staff interaction, and an evaluation of the resulting patient care. This book could be useful for administrators and supervisors.

Bowman, Myrna. "Peer Level Leaders Spark Higher Job Performance." Provider. 12/3 (March, 1986), 44-45.

A peer-nurse's aide program was developed in a 182-bed facility in California to increase self-esteem, allow nurse's aides to contribute to their environment, improve patient care, and reduce staff turnover. Team leaders were elected by peers. The following steps were used in setting up the programs: 1) team leaders were given the number of nurse's aides needed to staff the stations; 2) teams were given the responsibility of scheduling; 3)teams oriented and evaluated newly hired aides; 4) teams monitored patient care and station environment. Within the nursing home a five-tier job category was created for all aides: a) part-time, on-call status; b) full-time, float status; c) full-time, team member; d) assistant team leader; and e) team leader. The author contends this approach benefitted the facility and contributed to staff morale.

Christopher, Alan, and Menunier, Gary F. "How Games Can Solve Your Attendance Problem." Nursing Homes, 35/1 (January/February, 1986), 31-33.

Methods are suggested to decrease absenteeism in the health care field. The innovations are: public posting of attendance records, employee lotteries using tickets for daily attendance, and a similiar method using cards to form poker hands. The latter two require employers to supply a monetary reward. One study conducted at a residential facility in Indiana resulted in increased attendance, with the amount of money saved exceeding the amount awarded the winner. Positive reinforcement also increased job satisfaction.

Clark, Thomas R., and Sears, Marjorie R. "An Educational Fair Aids Staff Training." Contemporary Administrator, 3/11 (November, 1980), 30-31.

The authors explain an innovative way to present yearly in-service education programs required by the Federal Standards Participation in the Medicare and Medicaid programs. Presented separately, the five subjects had become time consuming and repetitious, which led to the concept of an all day educational fair to be scheduled twice a year. All five topics (prevention and infection control, fire prevention and safety, accident prevention, confidentiality of patient information, and preservation of patient dignity) are scheduled into a two-hour program offered five times in one day. Staff from each department teach the classes. The schedule is flexible and accessible to all shifts and the time required for each staff person is half of what it was under the old system.

Couch, George G. "A Good Appeals Procedure Promotes 'Two-Way' Talk." Provider, 12/7 (July, 1986), 49-50.

All other employee benefits will not ensure employee satisfaction without an effective grievance and appeals procedure. This should be provided along with clear communication of company policies and regulations. The guidelines of an effective grievance procedure are discussed and suggestions are offered for optimal functioning in long-term care.

Crawford, S.A.; Waxman, Howard, M.; and Carner, Erwin A. "Using Research to Plan Nurse Aide Training." American Health Care Association Journal, 9/1 (January, 1983), 59-61.

The authors contend that nurse's aides have a high turnover rate due to the difficulties they experience with the supervisor-employee relationship and the lack of input into the decision-making of the facility. Surveys conducted by Thomas Jefferson University examined the purposes of developing a training model and in-service training for aides. Aides reported the following needs: 1) 30% identified working with difficult patients as the biggest problem in their work, followed by getting along with their supervisor (10%) and getting along with other aides (10%); 2) the training content needed to include more learning about basic nursing skills, physical illnesses and mental illnesses.

Elbert, Norbert F., and Smith, Howard L. "Inservice Education and the Nursing Home Administrator." American Health Care Association Journal, 8/2 (March, 1982), 30-34.

The author encourages administrators to consider training as a tool which increases productivity and efficiency of health care service. The author further contends that training should not be viewed as a superfluous extra, but as an integral part of an on-going program designed to improve the provision of nursing home services. The author encourages administrators to pursue the following: determination of in-service education needs to solve problems not symptoms; planning in-service programs as a longitudinal effort; integrating in-service education with employee selection and performance evaluation systems; and prepackaged programs that solve specific training needs.

Elbert, Norbert F., and Smith, Howard L. "Personnal Training and Development in Nursing Homes: an Operational View." Nursing Homes, 319/3 (May/June, 1982), 4-11.

The authors propose and discuss a model for systematic assessment of training needs in long-term care facilities. The model encourages the initial assessment of

organizational goals and proceeds to discuss the following issues in the model: development of specific action plans; measurement of organizational effectiveness; and training limitations. The authors contend that systematic analysis of training needs will stretch training dollars when they know what their real needs are and the specific deficiencies of their staff.

Gorden, George K., and Stryker, Ruth (eds.). Creative Long-term Care Administration. Springfield, Illinois: Charles C. Thomas, 1983.

The editors have assembled twenty-three articles on management ideas that they judge "fundamental to the growth, scope, and image of long-term care organizations." Dedicated to the fact that administrators are the key to setting the nursing home environment, the book is broken into five parts: attitudes affecting organizational outcomes in long-term care, executive leadership for organizational development, creating the environment for living, and creating the future. Looking at the amount of material offered in this book and variety of authors, it is sure to be of use to long-term care administrators.

Greenblott, Charles T. "Sharing Profits: A Cure for Many Ills." Contemporary Administrator for Long Term Care, 7/8 (August, 1984), 38-42.

Residence Nursing Homes, a chain of five skilled care facilities in upstate New York, began a profit-sharing program for its employees in 1981. Objectives were to reduce turnover, reward long-term employees, provide an employee benefit, and serve as a type of retirement plan. Employees earned points according to work status (part-time, full-time) and the amount of yearly earnings. Positive results included staff feedback, slightly reduced turnover, and growth of point totals for each facility in 1982. The author also felt that quality of care and staff morale improved because employees felt more control over the success of their facility.

Halbur, Bernice T. Turnover Among Nursing Personnel in Nursing Homes. Ann Arbor, Michigan: UMI Research Press, 1982.

This short book (66 pages) addresses the problem of turnover among nursing personnel and the structural factors related to turnover. Possible interventions to reduce turnover are presented. Data from a 1978 study of turnover among nursing personnel in 122 nursing homes in North Carolina is used to illustrate the author's hypotheses. Included at the end of the book are two appendices on study design and execution, data description, and a lengthy bibliography.

Hammond, Donna R. "Skillful Evaluation Can Bring Effective Staff Performance." Provider, 12/5 (May, 1986), 45.

This article stresses objectivity, consistency and recall in nursing evaluations. Three specific methods of data collection are discussed briefly. The value of evaluations is found in their communication to staff. Weaknesses can be addressed and recognition of strengths will improve staff performance.

Henson, Judi, and Garrett, Floyd. "Executive Recruitment Speeds The Process." Provider, 12/3 (March, 1986), 16-18.

The use of a professional executive recruiter can be beneficial to long term care providers. When a recruiter is hired, inform the facility staff of his/her functions and importance to the hiring process. Provide the recruiter with a comprehensive orientation to each of the facility's departments. Advantages include savings in time and money, and a more effective screening process.

Hinkley, Nancy E. "Training Assures the Edge on Competition." Provider, 12/3 (March, 1986), 28-32.

Nursing home training has become too compliance oriented rather than outcome oriented. The author proposes that training must be based on individual and organizational needs, and must be needs identified in an ongoing process.

Training must be flexible, timely and creative. Use of nontraditional activities and settings which deviate from the routine can increase interest. The author believes that training is effective when the new behaviors are expected, required, monitored and rewarded back on the job. First line supervisors then become an extension of the trainee, and integration of new skills becomes a reality. A management training program in a West coast facility is highlighted and an example of an individual development contract is provided.

Ignatavicius, Donna, and Griffith, Jeff. "Job Analysis: The Basis of Effective Appraisal." The Journal of Nursing Administration, (July-August 1982), 37-41.

Job analysis is presented as a way to clarify institutional expectations and provide guidelines for individual performance appraisals. An effective job analysis includes identification, specification, organization and documenting of duties, tasks and responsibilities performed in each job. Steps are outlined for implementing this approach. Workers as well as supervisors are involved in the formulation of job descriptions. The advantages of a job analysis include opened communication between staff and supervisors, and a job description which reflects both supervisory and worker input.

Jeffries, Betsy. "Are You Managing at Peak Performance?" Provider, 12/3 (March, 1986), 9-13.

The author attributes the effectiveness of a facility to its management and the "culture that is created by top management". Recognizing that health care managers need skills in three areas (business, interpersonal relations, technical aspects), a long list of attributes necessary for success is given. The central idea is the skills learned in personal management are the same skills which are useful in management of staff and institutions.

Johnson-Pawlson, Jean, and Goodwin, Marsha. "Total Approach to Nurse Aide Training." Provider, 12/8 (August, 1986), 14-18.

Nurse's aides provide constant, direct service to residents, yet receive very little training. The authors recently updated student and instructor manuals entitled "How to Be a Nurse Aide in a Nursing Home" to provide personal and professional training for aides with a focus on the specific needs of the nursing home residents. The 36 chapter student manual has five parts: the nursing home; basic human needs; caring for the resident; maintaining health and function; and care of the resident with specific problems. The instructor manual has corresponding sections. The goal of training is to improve care through knowledge and increased sense of worth for nurse's aides.

Lancaster, Wade and Lancaster, Jeanette. "Rational Decision Making: Managing Uncertainty." Journal of Nursing Administration, (September, 1982), 23-28.

The success of a nursing home administrator is directly related to a rational, systematic approach to decision-making. The descriptive model of decision-making recognizes that complete information is not usually possible, problems are often unclearly defined, and people making decisions are likely to focus on "satisfying" rather than on "optimizing" when seeking solutions. This model can be used by nursing administrators and is described in detail: identify the problem; gather and process information; evaluate alternatives; select an alternative; and implement a final choice. It is recognized that there are rarely clear-cut choices, and that the quality of decisions has a major impact on administrative effectiveness.

Lawlor, Anne. "DONs Share Insights on Personnel Management." Today's Nursing Home, 5/6 (June, 1984), 1,22,29-31.

This report on a two-day workshop for DONs covers two personnel management seminars on improving performance appraisals and planning employee in-services. Employee and administrator anxiety over evaluations could be

alleviated by conducting continuous evaluations, rather than spacing evaluations over six-month or yearly intervals. Also, if DONs are more visible, employees have more confidence in the DONs ability to evaluate their work. Insufficient personnel performance may be improved through the use of in-services. Specifics mentioned are establishing a twelve-month schedule in advance and requiring staff members to attend at least 60% of all in-services. Also, requiring nurses to attend one outside workshop a year adds fresh ideas to otherwise stagnant methods. Scheduling topics are suggested.

Leader, Michael G. "Nursing Assistants Get Boost In Career and Self-Esteem." Provider, 12/3 (March, 1986), 41-42.

This article deals with the benefits of an in-house education program at a Pennsylvania long-term care facility. Courses are for college credit and offer upward mobility for the nurse's aides. A successful program also exists for professional staff.

Levitt, Michael. "Effective Training Means Interested Staff." American Health Care Association Journal, 9/5 (September, 1984), 36-39.

The author discusses the importance of fire safety within the nursing home, with specific emphasis on developing training for staff. The following is highlighted: involving the local fire department; orienting and training staff; use and design of fire drills; evaluating the competency of staff to properly respond in case of fire.

Lindeman, Helen. "Training Makes Nursing Assistants `Front Line' Professionals." American Health Care Association Journal, 11/7 (November, 1985), 63-66.

The Good Samaritan Center in Red Oak, Iowa has expanded on the Iowa state law requiring all new nurse's aides to attend a 60 hour geriatric training class. The expanded program affords aides job mobility through in-service training. The three-part program involves: 1) CNAs who

have completed basic training; 2) advanced CNAs who after one year can complete an additional 30 hours of training; 3) CNA specialist, who completes class work and an internship under a particular specialist. The author contends that the program increases staff morale and has significantly changed the quality of resident care. The article displays the results of personal evaluations completed by aides at all three levels of development. The aides, at various stages of certification, are asked to complete the personal evaluation form. Generally, statements that are not related to technical skills are rated higher by aides with lesser training. As the skill level of aides increases, statements related to technical skills are rated higher.

Manual, Jeanetta. "Staff `Feelings' Key to Positive Consumer Relations." American Health Care Association Journal, 11/5 (May, 1985), 25-28.

Originally concerned over the public relations image of the Bethesda Retirement and Nursing Center, the author implemented a pre-packaged staff development program entitled "Feelings". The program focused specifically on how to enter into positive relationships and how to communicate in "warm fuzzies" as opposed to "cold pricklies". The six-hour program was rated good to excellent by 94% of the employees. The author contends that the program enhances staff relationships and produced a notable change as reported by physicians and a consultant who visit the facility.

Miller, Wally. "How I Made Miller's Manors Merrier." Contemporary Administrator for Long-Term Care, 7/10 (October, 1984), 56-60.

Miller's Merry Manor, an independent operator of 21 Indiana health care facilities, implemented two programs since the late 1970s to correct the wide range in quality of services within the company. A comprehensive, formal education program for all hourly employees established four courses. One course was designed for pre-employment, and the remaining three are necessary for promotion

once hired. The second program increased the intensity of licensed nurse input by recruiting and hiring additional RNs and LPNs while reducing the number of basic care givers. A study of cost and productivity improvements examined eight of the company facilities with favorable results.

Morrow-Winn, Gloria. "Staff Development Is More Management Than Training." Nursing Homes, 32/2 (March-April, 1983), 6-11.

Management criteria for consideration in staff development is identified, including: 1) identification and contribution to organizational goals; 2) a staff development program that maximizes the return on the staff development investment; 3) establishment of a work environment so employees know their importance in the successful operations of the facility. The author discusses the implications for each of these criteria as related to staff development. Questions are offered for the administrator in relation to staff development.

Puckett, Ruby P. "Corrective Action: A Tool For Effective Performance." Contemporary Administrator, 6/11 (November, 1983), 25,28.

While prefering "positive discipline" and self-action, the author acknowledges the need for corrective action procedures. Twelve problem-solving techniques are identified. Supervisors are urged to never lose self-control in the process. Corrective action must be fair and expected. Progressive action through six steps are discussed with examples of their use. Corrective action can be viewed as a positive management tool to seek improved employee behavior.

Reagan, Janet Thomas. "Management of Nurse's Aides in Long-Term Care Settings." Journal of Long Term Care Administration, 14/2 (Summer, 1986), 9-14.

Based on existing research, several actions are proposed for the management of nurse's aides and the subsequent enhancement of quality services, including: recruitment of older

workers with a stable work history; ensure that prospective employees enjoy older people and like caring for the sick; set clear and reasonable goals for aides; set policies that encourage hard work; maintain a positive tone facility-wide; establish formal appraisal procedures to assess team and individual performance; use prepackaged training materials for pre-service and in-service training.

Ruchlin, Hirsch S.; Morris, John N.; and Eggert, Gerald M. "Management and Financing for Long Term Care Services." The New England Journal of Medicine, 306/2 (January, 1982) 101-106.

The authors contend that financing of long term care facilities will continue to be an issue. They advance proposals seeking to keep patients in the community, to ensure that the quality of care meets acceptable norms, to contain public expenditures for care at the current per capita levels, to return the primary responsibility for financing the purchase of care gradually to the private sector and to assign effective control of the system to an organization at the local level. This locus of control is preferred because it has the greatest potential for ensuring accountability and broad participation by citizens groups and is the most sensitive to local needs. A proposed community level decision-making unit is outlined.

Schlossberg, Alexander. "Self Appraisal." Nursing Homes, 30/1 (January/February, 1981), 2-9.

The author, assistant administrator for a 386-bed, not-for-profit skilled and intermediate care facility, served on a committee to develop a new performance appraisal system for the organization. Samples of the two resulting forms are included. In addition a self-appraisal process was instituted to encourage improved communications between supervisors and staff. After evaluation of the new system, the author found positive reactions from staff and enhanced communication between supervisors and staff concerning improvement in job performance.

Sheridan, John E.; Fairchild, Thomas J.; and Kaas, Merrie. "Assessing the Job Performance of Nursing Home Staff." Nursing Research, 32/2 (March/April, 1983), 102-107.

Employees at four nursing homes participated in this study to create and evaluate a Behavioral Anchored Rating Scales (BARS) of nursing performance. Also, a reliability test of the BARS instrument was held at ten nursing homes. The study method is explained in detail. Positive outcomes include high inter-rater agreement on performance evaluations given to specific employees, and agreement from independent raters on the direction and magnitude of changes in employee performance over the six months. Negatively, there was a consistent leniency bias and halo effect providing little discriminant reliability in measuring variation in the employee's job performance dimensions. Implementation of the BARS system provides advantages such as equitable compensation and personnel policies, and improved work performance.

Smith, Howard L. "Staff Development: Determining Its Value." American Health Care Association Journal, 8/4 (July, 1982), 8-14.

The author proposes a model for assessment of staff development costs and criteria for evaluation of the benefits from training. The author surveyed 94 nursing homes in Washington and California and found that the average reported expenditure per home ranged from $3980 for non-profits to $75 for individually owned facilities. The author concludes that assessment of costs and benefits of staff development is difficult and must begin with a clear job description and performance evaluation.

Smith, Howard L., and Elbert, Norbert F. "Evaluating Employee Performance: Contemporary Trends for the Administrator." American Health Care Association Journal, 5/2 (March, 1979), 10-16.

This article highlights the importance of employee evaluations which provide employee feedback and achieve effective performance for the organization as a whole. The authors review four basic types of evaluations: trait ratings, global perceptions,

behaviorally-anchored rating scales, and objectives-oriented measures. Each evaluation method is critically assessed for strengths and weaknesses. Since departmental and even organizational evaluations are directly affected by the individual employees, effective employee evaluations are vital to the organization as a whole.

Spenser, Denise. "Is Your Inservice a Necessary Evil or a Benefit in Demand?" Provider, (September, 1986), 45-46.

The author proposes limited, but specific suggestions for increased in-service education attendance by second and third shifts. The suggestions include: 1) 15 minute modules; 2) flexible scheduling to meet staff needs; 3) use of audiovisual materials; 4) posting notices of in-services and record attendance.

St. Clair, Clair; Pickard, Myrna R.; and Harlow, Karen S. "Continuing Education for Self-Actualization: Building a Plan for Rural Nurses." The Journal of Continuing Education in Nursing, 17/1 (Jan.-Feb., 1986), 27-31.

The authors conducted a small study comparing rural to urban nurses, and found rural nurses to be less self-actualized, older, less educated and earning lower incomes than urban nurses. The concern was that these traits would lead to poorer job performance. The proposed solution is an ongoing educational program for rural nurses, which includes providing skills training in the areas of assertiveness training, communication and other topics.

Stevens, Barbara J. The Nurse as Executive. (3rd ed.) Rockville, Maryland: Aspen Systems Corporation, 1985.

This extensive book describes nursing management in five parts: goals, structures, processes, resources, and controls of nursing management. The author describes nursing management as extremely complex and openly states that the sectioning of the book is artificial since all five parts occur simultaneously. The book is lengthy and has a text-like appearance. A detailed table of contents allows for easy reference.

Stryker-Gorden, Ruth. "Leadership in Care of the Elderly: Assessing Needs and Challenges." Journal of Nursing Administration, 12/10 (October, 1982), 41-44.

Because of the increasing number of elderly persons served by nursing homes and hospitals, this article promotes nursing administrators as the logical choice to take leadership in demanding new standards of care that are not presently met. The obstacles of lack of knowledge ans skills, or attitudinal problems are discussed, as are ideas for overcoming these obstacles. The benefits of better care include improved mental and social health for residents, improvement in staff morale, and a "ripple effect" on the community.

Stryker-Gorden, Ruth. "The Effect of Managerial Interventions on High Personnel Turnover in Nursing Homes." Journal of Long Term Care Administration, 10/2 (Summer, 1982), 21-33.

The author coordinated a study on managerial variables and their relationship to high turnover. Nineteen nursing homes with a turnover rate of 70% or higher participated in the two-year study. Seven nursing homes were classified as successful in reducing their turnover. These These homes used twice as many managerial actions and four times as many statistically significant actions than the unsuccessful nursing homes. The five managerial variables were: supervision of employees; supervisory training; revised personnel policies; recruitment efforts; and avoidance of use of personnel pools. The author also suggests evaluation of each home's specific turnover factors that must be addressed internally.

Tettleton, Mary P. "Dietetics--Good Training, More Profits." Contemporary Administrator for Long-Term Care, 5/1 (January, 1982), 18-20.

The author suggests employee training in dietary care to increase productivity, enhance job performance, and decrease employee turnover. Specialized training provides job security and time management skills. This article lists specific training ideas that would be applicable to any organization. Training ideas include how often to schedule training, what topics to cover, who should attend, and various types of presentations.

Thompson, Nancy Gaida. "Time Management Tips for Cost Conscious Training." Provider, 12/10 (October, 1986), 50-51

The author proposes criteria for consideration while planning in-service education and training programs. The suggestions include: 1) be creative; 2) plan time carefully; 3) avoid time traps; 4) network with others; 5) take the right steps; 6) provide care. The author further proposes the use of staff resources for in-service training or the use of staff referrals to find resources.

Tynan, Concetta, and Witherell, Jean. "Good Orientation Cuts Turnover." Geriatric Nursing, 5/3 (May-June, 1984), 173-175.

Lack of adequate preparation of new employees is cited as a reason for high staff turnover in nursing homes. The authors designed and implemented an orientation program which included orientation to the particular facility, role-play situations of sensory and motor deprivation, and training in nursing skills. A two-year, in-house study of turnover showed an almost 50% reduction in turnover rate after implementation of the innovative orientation program.

Wagnild, Gail, and Manning, Roger, W. "The High-Turnover Profile: Screening and Selecting Applicants for Nurse's Aide." Journal of Long Term Care Administration, 14/2 (Summer, 1986), 2-4.

The purpose of this research was to establish a profile of nurse's aides who reflect high turnover in long-term care facilities. From eleven randomly selected facilities in Texas, 119 nurse's aides were interviewed using a twelve item guide. In a six month follow-up survey, the author concluded that shorter tenured aides were more likely to have the following characteristics: personal experience caring for elderly in their own homes; previous nursing home experience; higher educational background; higher career ambition; single,; under 28 years of age. Longer tenured aides

were more likely to have the following characteristics: tenure in their previous jobs; worked in fewer nursing homes than than shorter tenured aides; over 28 yaers of age; family ties. Salary did not appear to be a factor.

Winters, David C. "Transitional Living Key Admissions Concept." Provider, (March, 1986), 22-25.

Regency Health Care Centers Inc., manages and operates health care facilities in various parts of the U.S. This article dicusses Regency's attitudes toward management, quality, and efficiency. Regency's model is illustated by the Transitional Living Concept Program which focuses on preadmission evaluation and admission of the resident, and by the Guest Related Emotional Adjustment Transition Program, which focuses on the first two weeks immediately follwing the resident's admission.

Quality Assurance

Aiken, Linda H.; Mezey, Mathy D.; Lynaugh, Joan E.; and Buck, Charles. "Teaching Nursing Homes: Prospects for Improving Long-Term Care." Journal of The American Geriatrics Society, 33/3 (March, 1985), 196-201.

Several positive outcomes would be achieved by affiliating university nursing schools with nursing homes. Recruitment of professional staff is improved through school affiliation, upgrading quality of care. The academic institution gains an increased opportunity to improve research and education possibilities, while nursing homes benefit from an enhanced clinical care capacity. In general, although cost is a consideration, affiliation with nursing schools can produce a more therapeutic focus, which will improve quality of care in nursing homes.

Breines, Estelle. "Early Intervention Through Occupational Therapy." American Health Care Association Journal, 5/3 (May, 1979), 34-35.

This article stresses the importance of the occupational therapist as a member of the health care team of the elderly patient. Early intervention by the O.T. makes the difference between recovery and decline and also eliminates development of the invalid personality.

Brook, Robert Henry. Quality of Care Assessment: A Comparison of Five Methods of Peer Review. U.S. Department of Health, Education, and Welfare, July 1973.

This study examined assessment of quality of care comparing five measurement methods. Two hundred and ninety-six patients with specific ailments were studied. The results indicated that different methods for measuring quality of care will produce very different results. Recommendations are included. The book itself appears to be very thorough. After the introduction there is a review of current literature, followed by the methods and results of the study. Extensive appendices include a methods review, sample data forms, judgment forms, detailed tables, and a general description of the medical care provided.

Byrne, Bob. "Positive Aging Through Quality Medical Services." Contemporary Long Term Care, (September, 1985), 56-62.

In order to truly provide quality care, clearly defined goals must be set and reached through effective administration. Quality of care can be met through coordination between the administrator and the physician. Both objective and subjective standards must be achieved. The author discusses the administrator's role, the physician's role, and the concept of "positive aging" in long-term care. Successful quality care has positive impacts on the residents, the staff, the facility atmosphere, and the community as a whole.

DiBerardinis, James, and Gitlin, Dianne. "A Holistic Assessment Model for Identifying Quality Care." Long Term Care and Health Service Administration Quarterly, 4/3 (Fall, 1980), 227-235.

This study assesses and defines quality care in long-term care facilities as perceived by administrators, staff, resident families and other professionals. A semantic differential scale, consisting of 28 quality care criteria, was used to measure care in 71 Medicaid facilities. Results provide an information base which will allow for better understanding and decision-making concerning quality care at the individual and administrative levels.

Dudley, Charles J., and Hillery, George A. "Freedom and Alienation In Homes for the Aged." The Gerontologist, 17/2 (1977), 140-145.

When compared to residents in other types of organizations, residents of nursing homes were found to exhibit by far the highest scores on questionnaires measuring alienation and deprivation of freedom. Deprivation of freedom is highest in organizations which require the most rigorous institutional structure. Resident adjustment to the constricting nursing home is difficult. This research suggests that, in addition to the physical and social characteristics of the residents, the structural characteristics of their living arrangements must be considered to improve residents' quality of life.

Bjgert, Gerald M., and Brodows, Belinda S. "The ACCESS Process: Assuring Quality in Long Term Care." Quality Review Bulletin, 8/2 (February, 1982), 10-15.

ACCESS is a program which identifies people who need long-term care, assesses client needs, develops service plans to meet those needs, provides ongoing case management, monitoring and revision. This article describes the structure and objectives of ACCESS, the ACCESS case management process; and the outcome for utilization of the program. For the clients, ACCESS enhances the quality of care. For the community, ACCESS has helped to assure that long-term care resources are used efficiently by clients who need them.

Filiatrault, Louis, and Larsen, Patricia J. "Quality Assurance Activities as a Part of a Residency Training Program: An Examination of the Potentials." Medical Record News, (October, 1977), 6-20.

Quality assurance activities were incorporated into the procedures of the model clinic of the residency in family practice at the University of Minnesota Hospital. A follow-up survey indicated that quality assurance audit activities changed resident performance positively in 1) consistency in approach to medical treatment problems and follow-up practice, 2) awareness of patterns of care, and 3) record keeping practices. Also, quality assurance was beneficial to residents through inproving the overall operation of the clinic and identification of staff and program needs.

Gustafson, David H.; Fiss, Charles J.; Fryback, Judy C.; Smelser, Peggy A.; and Hiles, Mary E. "Measuring the Quality of Care in Nursing Homes: A Pilot Study in Wisconsin." Public Health Reports, 95/4 (July/August, 1980), 336-343.

This article reports on a project funded by the Wisconsin State Department of Health and Social Services to develop a new system to assess the quality of care provided by nursing homes. One of the strengths of the new system is a screening mechanism which quickly determines which homes need more improvement than others, so that resources may be efficiently allocated.

Eleven criteria are included to form the model. The results suggest significant inter-team reliability in the testing and good correlation between the screening model and general assessments. It is believed that more efficient allocation of resources through the screening mechanism should improve the quality of care.

Harrington, Charlene. "Public Policy and The Nursing Home Industry." International Journal of Health Sciences, 14/3 (1984), 481-490.

The nursing home industry is a multibillion dollar business which is characterized by rapid growth in profits and large chain-owned corporations. This article describes the current nursing home industry as it has evolved with its high growth and profit rates. Examples of poor quality care and undesirable conditions in nursing homes are outlined. Regulatory activities are discussed and criticized. Reasons for demand and utilization of nursing home services are examined and nursing home ownership and profits are discussed. The article concludes with a discussion of public policy options.

Hirsch, Carol S. "Integrating the Nursing Home Resident into a Senior Citizens Center." Gerontologist, 17/13 (June, 1977), 227-234.

Nursing home residents are often unable to make visits outside of the home and have insufficient personal and family resources to arrange for transportation. A project named Centercare was initiated in Baltimore, Maryland to open the services of a senior center to nursing home residents. The goal was to involve the residents in the existing activities program. Seven nursing homes joined Centercare in a 33 month period and results of the participation were evaluated. The services of the center have proven beneficial to the most able nursing home residents; Benefits for the participating nursing home residents included increased intellectual and social stimulation and a link to community senior citizens.

Howe, Marilyn J. "Developing Instruments for Measurement of Criteria: A Clinical Nursing Practice Perspective." Nursing Research, 29/2 (March/April, 1980), 100-103.

Development of an instrument for measuring care given to a specific patient population in an extended care facility is described. The intent of the evaluation method was to improve nursing care. A guide was devised which highlights factors in patients' needs. A computer system was incorporated to reduce the manual work of the care planning process.

Institute of Medicine, Committee on Nursing Home Regulation. Improving The Quality of Care in Nursing Homes. Washington, D.C.: National Academy Press, 1986.

A committee of 20 individuals conducted a study to recommend improvements in nursing home regulation to enhance the system's ability to assure satisfactory care. After collecting data and other information, the committee made several conclusions and recommendations. The committee favored nursing home regulation to insure quality of care. Therefore, regulation and the monitoring of care received focus in this study, although other factors affecting quality of care and quality of life are also discussed. Sections are well organized and flow in a logical order. Five appendices are included, as well as a glossary, list of acronyms and initialisms, and an index to make the material easier to read.

Jarvis, Muriel; Knelsen, Karen; and Fleetwood, Terry. "Quality Assurance in Long Term Care: The Sherbrooke Community Centre Model." Health Management Forum, 5/3 (Autumn, 1984), 14-26.

The Sherbrooke Community Centre, a 326-bed Canadian nursing home developed a quality assurance program (QAP) which is dynamic and adaptable. The QAP is intended primarily for internal purposes and requires participation of management and staff at all levels of the organization. The steps to establishing a QAP are listed and drawn in flowcharts. Benefits of the program at Sherbrooke include increased staff participation in intellectual as well as

direct service organization and management, increased staff pride in their work, and improved quality of care. The authors believe these benefits have produced an "almost tangible difference in the atmosphere of the facility".

Kane, Robert, and Kane, Rosalie A. Long Term Care in Six Countries: Implications for the United States. U.S. Department of Health, Education, and Welfare, 1976.

This is a comparative study of long-term care in England, Scotland, Sweden, Norway, The Netherlands, and Israel. Through examinination of policy and the evaluation of quality care, the authors hope to influence future action in the United States by presentation of successes and failures from abroad. Because there is no European counterpart to the nursing home in the United States, a variety of programs were studied which provide similar care. European countries when compared to the U.S. were found to have a greater amount of national control by foreign government agencies, less of an emphasis on for-profit services, and more extensive public social services for the elderly. There are several proposals for change in U.S. nursing homes to adopt favorable practices from abroad. This information is helpful for persons wishing to explore other systems of care for the elderly and the implications of change in the U.S.

Kane, Rosalie A. "Assuring Quality of Care and Quality of Life in Long Term Care." Quality Review Bulletin, 7/10 (October, 1981), 3-10.

Assessing both quality of care and quality of life in nursing homes is a very complex task. This article considers issues pertaining to developing a review plan. The observations are based on findings from a Rand Corporation study of ten demonstration projects in Professional Standards Review Organization (PSRO) Long Term Care review. The author addresses four areas to lay the foundation for developing a quality assurance program: reasonable goals, review strategies, measurement methods, and corrective actions. Conclusions request further research on methods to deliver the quality of care desired.

Kayser-Jones, J.S. "Institutional Structures: Catalysts of or Barriers to Quality Care for the Institutionalized Aged in Scotland and the U.S." Social Science and Medicine, 16/9 (1982), 935-944.

This article describes the findings of a comparative study of two long-term care institutions, one in Scotland and one in the U.S. There are three major structures which affect quality of care in Scotland: the National Health Service, the Geriatric Service, and geriatrics as a specialty of study. In many ways this model appears to provide a higher quality of care. By contrast, in the U.S., geriatrics is not a recognized specialty, and the major governmental programs (Medicaid and Medicare) may act as barriers to quality care. The author summarizes the main components necessary to quality care as an adequate government insurance plan, geriatrics as a professional specialty, and a well-organized, coordinated structure to provide continuity of care.

Koetting, Michael. Nursing Home Organization and Efficiency. Massachusetts: Lexington Books, 1980.

The author investigated the efficiency of profit and non-profit nursing homes and the resulting quality of care. Macro and micro studies were were used to examine cost and quality of care. The three research efforts were a statistical investigation of a large sample of nursing homes, field investigations, and a re-focus on the statistical investigation to apply insights and consider policy implications. Study methodologies are outlined for each research effort, as well as separate conclusions. Although proprietary nursing homes are conclusively more efficient, non-profits are more likely to be of high quality. Therefore, the author suggests direct payment for increases in quality for both profit and non-profit homes.

Konz, Thomas R. "Patient Care in Long-Term Care Facilities." Journal Of Long Term Care Administration, 9/1 (Spring, 1981), 13-21.

This article summarizes several other articles on alternatives to institutionalization, including alternate care practices within the institution, such as hospice and holistic care, and re-examination of more familiar areas of long term care.

Kraft, Margaret Ross. "Quality Assurance." Journal of Gerontological Nursing, 9/6 (June, 1983), 326-332.

Several issues of quality assurance in long-term care, are discussed such as: key concepts, a historical perspective, problems with long-term care survey development, and specifically, the nursing component of an interdisciplinary quality assurance program in a Veterans Administration nursing home care unit.

Leiken, Alan; Sexton, Thomas R.; and Silkman, Richard. " A Model to Assess the Quality-Cost Tradeoff in Nursing Homes." Health Services Research, 21/2 (June 1986), 145-160.

This article analyzes the cost-quality tradeoff by modeling nurse staff patterns and task assignments as a linear program which can be solved under different quality related conditions which produce "price tags" for each quality enhancement. The model is designed to assist the administrator in making choices concerning work task assignments and the selection between cost and quality of care.

Libow, Leslie S. "Geriatric Medicine and the Nursing Home: A Mechanism for Mutual Excellence." The Gerontologist, 22/2 (1982), 134-141.

In 1981, a lecture was presented to the Annual Meeting of The Gerontological Society of America, proposing nursing homes as the center of the geriatric health care system. The academic training brings professionalism, openness, a set of standards, and a feeling of worth associated with care for the elderly. Patient care and cost effectiveness would also be favorably affected. This article cites many concrete examples.

Linn, Margaret W.; Linn, Bernard S.; and Stein, Shayna. "Impact on Nursing Home Staff of Training About Death and Dying." Journal of the American Medical Association, 250/17 (November, 1983), 2332-2335.

Advancements in the field of medical technology has lengthened the process of dying, and increased the number of elderly people dying in nursing homes and hospitals. This creates a

greater demand for training medical staff to work with dying patients. The authors tested an educational program for nursing home staff designed to decrease personal anxieties and taboos about death, to better understand the psychological and emotional process of dying, and to learn skills useful in care delivery. The results after training showed that the participating staff members had a greater fear of their own deaths (which could be a healthy reaction), but a decreased fear of the dying of others. Also, these staff members had better attitudes about caring for dying patients and improved knowledge and skills. These favorable results should indicate greater quality of care.

Linn, Margaret, and Linn, Bernard. "Qualities of Institutional Care that Affect Outcome." Aged Care and Services Review, 2/3 (1980), 1-14.

This article compares several studies assessing quality of care. Specifically, structural variables, process variables, and related outcomes are identified. A summary of results includes larger institutional size and private ownership as negative factors, and high level of staff training, affiliation with universities, and quality of the physical environment as positive factors in quality of care. The authors believe this information is just the beginning, and hope for further studies to focus on the elderly population and their responses to a wide range of treatment alternatives.

Moos, Rudolph H. Evaluating Treatment Environments. New York: John Wiley and Sons, 1974.

Using a "social ecological" approach, the author examines treatment in hospital-based and community-based environments. The focus of social ecology is human adaptation and human milieus. Acknowledging the effects of situational and environmental forces on human behavior, the author hopes to identify specific environments which promote physical and psychological well-being. This research indicated that there is substantial variability in human behavior from one environment to another. Therefore, evaluations of individual

adjustment must consider environmental, as well as personal factors. Also, the immediate psychosocial environment has a significant impact on each individual's treatment outcome. Information on how to make program changes and sample assessment techniques are offered.

Quest For Quality--A Self Appraisal Guide For Long Term Care Facilities. Washington D.C.: American Health Care Association, 1982.

This is a guidebook which represents an effort towards assuring quality care in long-term care facilities. The guide is a self-appraisal of practices and procedures of quality assurance. Exercises are offered for self- appraisal in numerous areas and a master checklist is provided. The organization is clear and easy to follow.

Rhoades, Jerry L. "What is Quality Care in a Nursing Home?" American Health Care Association Journal, 6/3 (May, 1980), 21-23.

The author states that although every facility is able to provide quality care, there are cost constraints which place practical limits on the quality of care issue. First, the elusive concept of "quality" must be defined so that documentation can be produced to establish quality guidelines. Second, the costs of the services necessary to accomodate "buyers" require firm product costs, similar to dealings with the Medicaid system. This aggressive approach to marketing nursing home services is seen by the author as the only way to become a successful industry and escape government domination.

Saul, Shura. "The Interdisciplinary Component of Education in a Long-Term Care Facility." Nursing Homes, 32/5 (September/ October, 1983), 6-10.

A dilemma exists in nursing homes between creating a home for the sick and an institution controlled by a bureaucracy. Residents, residents' families and staff are ill prepared

to meet the challenge. Interdisciplinary in-service is an answer to the educational problems. Evaluation and correction, too, are necessary for staff to understand the dynamics of institutional care and its effects on the living environment.

Schneider, Edward L. "Teaching Nursing Homes." The New England Journal of Medicine, 308/6 (February, 1983), 336-337.

This article discusses the need for teaching nursing homes in the tradition of teaching hospitals. Examples are given of teaching nursing home programs implemented by several organizations. Although the introduction of research and training into nursing homes may increase the costs of these institutions, the article argues that the increased costs should be considered in the context of their potential for helping to reduce the costs related to inappropriate institutionalization along with their role in improving the health status and the quality of life of nursing home residents.

Shaughnessy, Peter; Schlenker, Robert; Brown, Keith; and Yslas, Inez. "Case Mix and Surrogate Indicators of Quality of Care Over Time in Freestanding and Hospital-Based Nursing Homes in Colorado." Public Health Reports, 98/5 (September/October, 1983), 486-492.

Analysis of data from 19 hospital-based and 138 freestanding nursing homes in Colorado are utilized to study annual variations in case mix, indicators of quality of care, and differences between types of institutions. These issues have impact on care planning, staffing, and facility characteristics. The results found little change in case mix and quality of care from year to year. Also, hospital-based nursing homes seemed to have a more complex case mix and better quality of care. The authors suggest more detailed measures in future studies to verify these results.

Stacy, Connie. "Resident For a Day." Geriatric Nursing, 5/6 (July/ August,1984), 239.

In an effort to stimulate staff, the author (DON of a nursing home in Oklahoma) asked for staff volunteers to be admitted to the facility as "residents" for one day. The purpose was to supply firsthand information to improve the quality of care. Participants were made to be blind, partially paralyzed and restrained. Reactions to the experience reflected necessary areas of attention on the staff's part (e.g. admission procedure, privacy, feeding, communication, etc.)

Stotsky, Bernard A., and Stotsky, Ellen S. "Nursing Homes: Improving a Flawed Community Facility. Hospital and Community Facility, 34/3 (March, 1983), 238-242.

Recognizing the tremendous growth in nursing home care for the elderly, the authors suggest two approaches for improvements in the quality of care: alternative community placements and improvements in nursing home services. Alternative community placements must be developed because of inevitable increases in the population using nursing home placements. Transitional services such as day care and home support services can be very effective for a limited number of patients. Several ideas for improved institutional care are outlined including highly skilled psychiatric services, fostered relationships among patients, and skilled direct service staffing. All changes must be made with cost-effectiveness measures in mind. Ideally, the establishment of links between nursing schools and nursing homes would enhance professionalism and heighten attention of gerontology. Action is necessary to make a realistic commitment to improving quality of care in nursing homes.

Sweeney, S. B. "Manpower Utilisation and Quality Control." The Lamp, 37/5 (May,1980), 5-10.

This Australian author suggests improved manpower utilization by adherence to standards of care as the first step in cost control for hospital administrators. In fact, because of rising health care costs and budget cutbacks,

cost control may be a necessity rather than a benefit. The amount of nursing time required for each patient is the focus of this article. Appendices on calculating a dependency index, converting patient categories to staff requirements, and measurement of patient care provide very clear guidelines on the process of establishing a plan to increase manpower utilization.

Walsh, Thomas J., and Cheren, Connie Eaton. "Carrots, Sticks and Consultation." Aging, 352 (1986), 6-9.

An overview is given on a new Illinois Department of Public Aid program for long term care. The program (QUIP) was established to improve the quality of care, relying heavily on consultation and dissemination of best practices to long-term care staff through the use of case managers. A short historical perspective is given, followed by explanation of and programs for IOC and QUIP programs.

Weissert, William G., and Scanlon, William J. "Determinants of Nursing Home Discharge Status." Medical Care, 23/4 (April, 1985), 333-343.

This article presents the results of a study which investigates the extent to which nursing home characteristics affect the number of patients who receive a discharge to community settings. The data is from the 1977 National Nursing Home Survey. Discharged residents were likely to have more personal and social resources. The probability of discharge was also affected by diagnosis and Medicare vs. Medicaid eligibility. The amount of patients receiving Medicaid correlated highly to the discharge potential. This article dispels the myth that nursing homes are only long-term facilities leading to death, since over one-fourth of discharges go to community settings. Although they acknowledge the difficulty in measuring outcome levels in nursing homes, the authors include a detailed account of their study method and results.